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Reaching Back to Create A Brighter Future: The Role of Schools in Promoting School Readiness

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Preface

In 1989, President Bush and the nation's governors met to develop a strategy to improve the nation's education system and the academic performance of all students. This bipartisan group of leaders concluded that the necessary first step in educational reform had to be ensuring that all children enter school ready to learn. In 1991, President Bush announced AMERICA 2000, a comprehensive long-range plan to move every community toward a set of National Education Goals that made school readiness a national priority. The three means envisioned by the governors for attaining school readiness were: assistance to parents as their children's first teachers; assurance that all children receive appropriate nutrition and health care; and access to high quality preschool.

In the decade that followed, there has emerged a dramatic new respect for the importance of the early years and the value of high quality early care and education for later success in life. The 1994 Carnegie Corporation report, *Starting Points: Meeting the Needs of Our Youngest Children*, focused attention on the importance of experiences in the first three years for children's successful development. The report highlighted research on early brain development demonstrating that the quality of young children's early environments has a critical influence on their capacity to develop an adequate foundation for later learning, as well as for emotional regulation. In 1997, the White House held two conferences, one focusing on early childhood development and learning and the other on critical issues related to childcare. These conferences further increased national awareness of the influence of early experiences on human development. High quality childcare and early education experiences are now recognized as critical for preparing all children to enter school healthy, happy and ready to learn.

The growing recognition of the importance of the early years for school readiness and lifelong learning has stimulated major new policy initiatives in states and communities across the United States. Many states have recently developed early care and education initiatives for children and families birth to age five.¹

Although, many innovative programs are being developed, many services for families with young children are still fragmented and can be difficult for families to access. Recent attention has turned to the opportunities for providing comprehensive, integrated systems of care and support to children and families through collaborative relationships and community partnerships. In particular, there is tremendous potential for schools to become effective service delivery platforms for comprehensive early childhood services.²

California is taking the lead in forging a relationship between schools and early childhood care and education. In 1998, California voters passed Proposition 10: The California Children and Families act, providing a substantial new funding source for early childhood services.

¹ Cauthen NK, Knitzer J, Ripple CH (2000) *Map and Track: State Initiatives for Young Children and Families*. 2000 Edition. New York: National Center for Children in Poverty.

² Halfon N, Gonzalez R, Hochstein M. (1999) *Building Bridges for California's Young Children: A 12-Point Agenda to Enhance Proposition 10*. Berkeley, CA: California Policy Research Center. Los Angeles, CA: Center for Healthier Children, Families and Communities.

Through the State Children and Families Commission and each of the state's 58 local county commissions, these funds are now being allocated based on each county's strategic plan. While Prop 10 has a general goal to improve the health and development of all children in California, the state and many local commissions are focusing their efforts on the targeted outcome of improving school readiness. With Proposition 10, California has a unique opportunity to create a much-needed comprehensive system of early childhood support services to serve the developmental and school readiness needs of California's youngest citizens.

Recently, Governor Davis announced his support for a statewide school readiness initiative that is currently under development in conjunction with the State Children and Families Commission. In addition, the California Department of Education's Master Plan for Education, which outlines the goals and strategies for the state's public education system, is in the process of being updated to include an early childhood component. This component is being developed in collaboration with the State Children and Families Commission. Together, the State and County Children and Families Commissions, Governor Davis and the Department of Education are setting the stage for a new era of educational innovation in California that will help prepare the state's youngest citizens for success in school, work and life.

As school readiness becomes an important operational goal of Prop 10, schools and school districts will be called upon to play an ever-increasing role in these new endeavors. The opportunity has never been greater for schools to accelerate and fortify their school readiness programs, and to create real systems of comprehensive school readiness services. With competing priorities, space and budgeting considerations, and other challenges potentially standing in the way of realizing these new opportunities, the leadership of schools and school districts, along with the local and statewide Prop 10 partners, will need to provide compelling vision and convincing roadmaps for how schools can take advantage of this historic opportunity to improve school readiness for all children in California.

This report supports these efforts by providing examples of forty-one successful community partnerships from across the nation that have resulted in integrated, comprehensive, school-based services for very young children and their families. We highlight six of these programs in case studies. All these programs demonstrate that with leadership, vision, funding and persistence, it is possible to move beyond business as usual and create system-level change that can make a significant difference in the lives of children and families.

Executive Summary

Introduction

Building a system of comprehensive early childhood services is an important goal of California's Prop 10. In building this system, there are a number of different types of community-based organizations that could serve as "platforms" for integrated early childhood services and programs. Community-based organizations such as childcare centers or WIC programs, birthing hospitals, as well as schools, have all emerged as potential platforms and several innovative comprehensive service centers have been created at these sites. This report considers the historic opportunity in California for schools and school systems to expand their role in promoting school readiness as platforms for the provision of comprehensive early childhood services.

In order to provide school superintendents and staff, Prop 10 commissioners, parents and other community stakeholders with information they will need to support the creation of school-based early childhood programs and services in their communities, this report reviews promising practices from across the U.S. that are in the forefront of providing comprehensive school-based early childhood programs. The report includes a compendium of forty-one sites from around the country that have successfully implemented comprehensive, school-based early childhood programs and services and highlights six promising programs in more detailed case studies.

Background

School Readiness Goals: In the past decade, school readiness has become a major national, state and local concern. In 1997, the National Education Goals Panel (NEGP) defined as its first goal, "by the year 2000, all children in America will start school ready to learn."³ In addressing this goal, the NEGP identified three components of school readiness: (1) readiness in the child, utilizing a broader definition that includes physical, social, and emotional well-being, as well as cognitive readiness; (2) schools' readiness for children, i.e., their ability to accept and nurture a heterogeneous group of children; and (3) family and community supports and services that contribute to children's readiness, i.e., to empower parents through education and training, ensure quality preschool programs, ensure that business is responsive to the needs of workers with families, and revive neighborhoods as safe and friendly havens for learning. Successful promotion of children's school readiness including individual health, education, development and skills, requires a broad-based community-wide approach.

At the time of the publication of the National Education Readiness Goal, in 1998, the nation was embarking upon the "decade of the brain." Over the past decade, new research on early childhood development has provided a new appreciation of the critical role that early childhood experience has on brain development and a better sense of risk and protective factors and critical pathways that influence a child's development and ability to learn. The concepts of school readiness and readiness-to-learn has evolved to include a broad set of competencies

³ *Getting a good start in school.* (1997) Washington, D.C.: National Education Goals Panel.

beyond the attainment of a limited skill set. The National Education Goals Panel includes the following five components in their definition of school readiness:

- Physical well-being and appropriate motor development
- Emotional health and a positive approach to new experiences
- Age appropriate social knowledge and competence
- Age appropriate language skills
- Age appropriate general knowledge and cognitive skills

The California Department of Education/Child Development Division (CDE/CDD) has used a broad conception of school readiness in developing its six desired results, or conditions of well-being for children and families, which are intended to guide practitioners in improving their child care and development services aimed at enhancing school readiness.⁴ The CDE's six desired results focus on both the child and the family:

- Children are personally and socially competent
- Children are effective learners
- Children show physical and motor competencies
- Children are safe and healthy
- Families support their children's learning and development
- Families achieve their goals

The increasing recognition that multiple skills and developmental competencies determine school readiness requires a broader and more inclusive way of approaching this issue.

Policy Trends: Three important trends are laying the foundation for California schools to assume a new, influential and timely role in school readiness: 1) the renewed attention to the importance of early childhood experiences as a foundation for lifelong social, emotional and academic success; 2) the decade long expansion of school-based learning support programs providing comprehensive health and social services to school aged children (e.g., Healthy Start); and 3) the availability of new monies for investment in early childhood generated by Proposition 10. Given these policy and program trends, the current climate is potentially ripe for schools, Prop 10 Commissioners, parents and other community stakeholders to work together to create a new, comprehensive system of early childhood programs and services which target both parents and young children, to enhance the ability of all children to enter school healthy, ready and able to learn. The new partnership that will create the system of effective early childhood school readiness services will require a shared vision for what is possible and leadership to engineer the requisite changes in existing systems. We hope that the examples and analysis included in this report will provide essential information to help support this process.

⁴ *Prekindergarten Learning and Development Guidelines*. California Department of Education, Sacramento, 2000.

Summary of Site Characteristics

In creating this report, we sought to identify examples of schools that are making a difference in their community by offering comprehensive early childhood school readiness programs. The school and school districts we selected were identified through a variety of methods in order to capture the innovative models that are emerging in towns and cities across the United States. Our aim in identifying, surveying, and interviewing these sites was to understand the scope and intensity of the programs and services offered, how they were organized and integrated into the school's other activities, their ability to attract and partner with the community, and their potential to serve as examples for others contemplating similar efforts.

An overview of the sites suggests that, while school districts and schools for the most part were not a major source of funding for early childhood programs, they did supply space and maintenance, thus providing an infrastructure on which to build these programs. This is critical considering that school districts are often the largest landowner in a community. In California, where many new schools are currently being built, it is important to consider including space for early childhood and parent education and support activities in school construction plans.

Schools and school districts also provided teacher, staff and administrative support for many of these programs. As a source of teachers, schools can provide a stable, well-trained and fairly compensated source of professional expertise for staffing. This is critical considering the high turnover in early childhood service providers, generally attributed to low salaries.

Support at the teacher and administrative levels also builds a strong connection between early childhood programs and the K-12 infrastructure. This connection can foster integration and collaboration between K-12 services and early childhood programs, which can lead to a seamless service delivery system and the ability to leverage and/or blend funding. This could occur in several ways. If the school district provides credentialed teachers for the preschool program, then these teachers are more likely to be seen as an integral part of the school culture, and will participate in faculty meetings and teacher training sessions, together with the K-12 teachers; there would be a structured transition process from preschool to elementary school; and a framework where preschool, kindergarten and primary teachers could share information about curriculum and instructional practices. Alternatively, if the district were the hub of a system of early care and education providers, the schools role would be to facilitate integration and collaboration through common staff development and training, and parent outreach and education.

For many of the programs, the state departments of education and health were often the initiating and sustaining partners, providing a stable source of funding for early childhood programs. This funding partnership suggests that school districts may be more likely to take on the role of early childhood provider if funding for these programs comes from sources other than general education funds. In the case study interviews, practitioners noted that a strong mandate from the state along with new funding sources was often the motivating factor for their district becoming involved in early childhood service delivery.

The majority of programs in this study targeted children in the pre-kindergarten age group (3 - 4 year olds). This suggests that developing schools-as-platforms for early childhood services is an incremental process, first reaching back to the 3-4 year olds, and then providing support and services to children and families 0-3 years of age.

Another common feature across the sites was parent education and participation. Many contributing partners, such as Head Start, require parent education and participation as part of their programs. It is also thought to be one of the most effective ways to strengthen a child's social/emotional and cognitive growth beyond the walls and time constraints of early childhood education programs.

The information gathered from the survey of sites builds a comprehensive case for the potential of schools to be a vital platform for a sustainable system of learning supports for children 0-5 and their families. Our results suggest that building on existing school infrastructure, rather than trying to create a new system is an effective and efficient strategy in many communities.

Lessons Learned

In conducting this research, certain important themes emerged which reflect both the factors contributing to the success of these efforts as well as the obstacles that they have had to overcome.

1. Champions are essential.

This type of change process takes time and persistence and benefits from leaders, such as superintendents, principals and/or program directors, who have the vision and the ability to communicate that vision effectively. Leaders must be capable of understanding and working with potential resistance to change among teachers, administrators, and community providers. Superintendents or school board members can be particularly effective because they have the ability to champion needed changes in school district policy and to re-deploy funding, and to mobilize the community at large. Leadership and collaboration at the state level can also be important to create the motivation for systems change and legislation for funding allocation or redeployment of resources.

2. Collaboration and partnership with key individuals and community-based organizations makes it possible to provide a comprehensive array of services.

Collaborating and partnering with providers and programs that already exist in the community seems to be another key ingredient in successful school-based early childhood programs. An inclusive planning process in which the views and experiences of these community members and groups are recognized and represented ensures buy-in from a large number of individuals and organizations. It also builds on the available community assets and the expertise these individuals and community-based organizations have gained from years of working with families in the community. Moreover, a planning process that facilitates the participation of these individuals and organizations will minimize the duplication of services and result in a

coordinated, efficient system of care. Parents, health and mental health care organizations, public health departments, local hospitals, neighborhood clinics, dentists, private physicians, local human and social service agencies, family resource centers, local colleges, existing preschool programs and both center- and home-based child care providers are just some of the potential partners planners should involve early on and throughout the planning and implementation process. It is important for school districts to understand that not all funding or program/service provision has to come from the schools themselves, and that through strategic partnership, resources can be leveraged. When it comes time to actually implement school-based early childhood programs, critical details such as whether and how information, funding, space and staff will be shared needs to be worked out so that the nature of the partnership is clear to everyone involved.

3. Communication is critical and needs to be thoughtfully planned.

Sharing knowledge, information, and aspirations in an effective and meaningful way is challenging in a collaborative partnership among schools, parents, community partners, policy makers and others. Unless specifically addressed, clear and efficient communication will not occur. Partners need to make sure that the language used is understood and spoken by all. Too often, professionals speak in acronyms and terminology specific to their disciplines (educator-speak). This can hamper communication with parents and other partners.

4. Relationship building is the foundation for creating effective and sustainable collaborations.

Building and supporting relationships must be part of all planning aspects and program processes, and occurs at all levels of infrastructure development. Relationship building begins at the most fundamental level with parenting education to support effective interactions between parents and children. From there, it branches out to the creation of partnerships between educators and parents to support the learning and social/emotional development of children. Going a step further to create a new system for children 0-5 means building relationships among agencies and organizations, from school systems to county agencies, and with other public and private partners. The creation of a new system of relationships involves engaging in new activities and expanding familiar boundaries. Key to the system's success is the personal one-to-one interaction among individuals representing different organizations and entities. The healthy development of these relationships fosters trust and the willingness to take advantage of new opportunities. Strong relationships create an energy and determination needed to successfully develop a system of support for our youngest citizens.

5. An effective program responds to local needs and priorities.

In order to best serve the communities in which they are located, schools cannot create early childhood programs based solely on models that have worked in other areas. Rather, the needs and nature of the target population is an essential consideration in determining which programs and services will be effective and which stakeholders ought to participate in the process. For example, the needs of a large, urban, non-English speaking population will differ significantly from the needs of a small, rural community. A thorough needs and asset assessment will be an important first step and will be part of an ongoing process of ensuring that school-based early childhood programs are responsive to community needs and relevant to the communities they are

intended to serve. Needs and assets assessments conducted in conjunction with community organizations and practitioners that currently serve families are more likely to reach the target population and accurately reflect its strengths, needs and preferences.

6. *A comprehensive program will target the whole family.*

The research literature documents that improving child outcomes depends on improving parents' overall health and well-being, their parenting practices, and supporting family functioning.⁵ Programs targeting the development of the youngest children are necessarily more parent-oriented.⁶ Therefore, successful school-based programs will not simply provide childcare and early childhood education to young children, but will engage, support and expand educational opportunities for their parents and families as well.

7. *Systems change at the district level reduces fragmentation and improves coordination and comprehensiveness of services and programs.*

A district wide strategic plan for early childhood programs greatly improves the chances for program integration, thereby reducing fragmentation and overlap that often occurs when early childhood programs are dealt with school by school, program by program. District-wide strategies also facilitate the development of funding sources that utilize the fiscal and administrative capacity of the school district, capacities that most school sites do not have. A district superintendent can facilitate systemic changes in infrastructure that can maximize the effectiveness of programs and leverage funding to meet the needs of the greatest number of children and families. A superintendent or school board can assist with the realignment of school district divisions, creating an early childhood consortium that integrates child development, pre-school, parenting and adult education, and health and human services.

8. *Systems change at the district level must also influence the culture of individual schools.*

Leadership at the district level and training for principals and other school leaders must be provided in order to shift the vision from a broad K-12 focus to a developmentally focused approach that optimizes school readiness and school achievement trajectories. Part of this training will involve promoting the understanding that enhancing school readiness for young children has a direct impact on later academic achievement. There also must be support for identifying needs in particular communities and building capacity over time. The concept of "Learning Supports" needs to be made a priority for school leadership across all ages starting with the very youngest children. Learning Supports⁷ focus on expanding the roles of schools to address a broader range of barriers to learning that children encounter. Principals must also have

⁵ Brooks-Gunn, J, Berlin LJ, Fuligni AS. (2000) "Early Childhood Intervention Programs: What About the Family?" In *Handbook of Early Childhood Intervention*. JP Shonkoff and SJ Meisels (eds.) New York: Cambridge University Press.

⁶ McCain MN and Mustard JF (1999). *The Early Years Report. Reversing the Real Brain Drain*. Toronto, ON: Ontario Children's Secretariat.

⁷ Adelman HS and Taylor L (1999) *Addressing barriers to student learning: Systemic changes at all levels*. Theme issues. Reading and Writing Quarterly. 15(4):251-254.

the ability to secure additional support and funding so that they do not perceive this as another responsibility added to their already over-flowing plates, without the infrastructure to support it.

9. Accessing multiple funding sources and using innovative financing strategies such as blended funding, improves programmatic flexibility and quality, but there is a need for less burdensome approaches.

Funds used to support State preschool, childcare and programs such as Head Start, are often categorical in nature, offering states and localities little or no flexibility in how they are to be spent.^{8 9} Tracking these expenditures and fulfilling the various accounting requirements of the numerous federal and state agencies that provide these funds presents a significant challenge to schools reaching back to young children. Therefore, an important goal of a careful and thorough planning process should be to identify and implement simplified funding strategies. An example of such a strategy is the creation of a master account that includes funds from all the various state and federal sources blended together, which then are used for staff, space and service expenses. Such a master account can be facilitated by creating a master contract with relevant state and county agencies. The type and number of partners involved will be an important consideration in determining which funding scheme will be best suited to a particular site. Several recent reports suggest mechanisms to accomplish this goal and funding streams that can help finance these programs.¹⁰

10. Paying teachers well makes a difference.

Some best practice sites also indicated that they addressed the system-wide problem of teacher retention by paying their teachers the best rate for early childhood educators in their area. For some sites, this meant paying them at a rate comparable to educators in the K-12 system. When teachers identify why they leave early childhood development or pre-school teaching, most indicate that it is for more pay and additional benefits. In some cases teachers leave the early childhood field to work for the better paying K-12 system once they have completed their credential requirements. The concern over teacher pay for early childhood education is symptomatic of the low rate of pay for most jobs/positions in the early childhood field. This has lead to high turnover rates for employees in the field in general, and has had a great impact on both quality of service and program sustainability.

11. State support makes a difference.

The information provided by the best practice sites indicated that for some sites, the state mandates for early childhood services and programs was the impetus for their school district to develop early childhood programs. It was particularly effective when funding was allocated or

⁸ Hayes, C, Lipoff, E, Danegger, A (1995) *Compendium of Comprehensive Community-based Initiatives: A Look at Cost, Benefits, and Financing Strategies*. Washington, DC: The Finance Project.

⁹ Hayes, C (2000) *Financing Early Childhood Initiatives: Making the Most of Proposition 10*, in N Halfon, E Shulman, M Shannon and M Hochstein, (eds.), *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities. .

¹⁰ Halfon, NH et al.. (in press) *Schools, Counties and Proposition 10: A New Partnership for Early Childhood Supports in California, Financing Considerations*. UCLA Center for Healthier Children, Families and Communities.

used as an incentive for district engagement in services for children 0-5 and their families. New funds or the reallocation of existing funds support program implementation and sustainability. In California, the State Prop 10 Commission and California Department of Education are actively working to create similar incentives. This process should be encouraged and connected to local efforts.

12. Most programs would like to conduct more rigorous evaluations but lack the funds to do so.

Most of the funding streams that sites used to provide services and programs for the birth to five population, had little or no funding in their budgets for evaluation. Schools generally are so engaged in providing services that unless there are dedicated funds or a partner willing to underwrite or provide evaluation services, it gets left in the "would do if we had the time or money" category. Since evaluation data can be important for making the case that programs are having an impact, and should be supported or increased, the lack of evaluation can pose a liability to programs that are vying for competing funds. Sites that did evaluation reported that their partners at institutes of higher education provided evaluation or included the school/district in a funded evaluation study.

Conclusion

The potential is great for schools and school districts to "reach back to provide a brighter future" for young children, but in practice their ability to realize this potential will emerge along a continuum of development. As evidenced in the sites we studied, from district to district and school to school, there are differing abilities to provide space and infrastructure. In addition, the vision for a comprehensive school readiness component will range from a fully integrated comprehensive on-site service and program delivery system, to schools with some basic programs and strong partnerships with community-based providers for additional services and programs.

At a minimum, schools in the future should be built with facilities that enable them to provide "pre-school" classes and parent education and outreach. Ideally, the state would provide funding to create universal pre-school for all of California's children. The state will also need to provide leadership for a common definition of school readiness and an assessment tool that could be used by a variety of providers to assess children's development, including significant benchmarks of "school readiness" from birth to school entry.

In addition to preschool and parent education, schools further along the continuum (Figure 2) would include programs such as Early Family Literacy, for children younger than the traditional "pre-school" target group and their parents. They would also provide access or referral to health and social services for families with young children. Districts/schools at this intermediate stage would engage in outreach to parents and center- and home-based childcare providers, providing resources for enhancing school readiness in these settings. Schools would also serve as a resource to other services for the birth to five population.

Schools and districts in the later stages of the continuum (Figure 3) would have facilities and infrastructure to provide services directly to children from birth to age 5 and their families.

These services would include child development and parenting classes for parent and childcare providers, some on-site Early Family Literacy classes, health and social services, and a Family Resource Center. The school would be the "hub" for outreach and training for all early childhood activities in the community.

Schools serving as "hubs" for early childhood activities could start by offering combined training for early childhood educators from school districts, Head Start sites, State pre-school programs, and private pre-schools. Shared training and assessment tools could greatly enhance the cohesiveness and consistency of programs offered by different providers and provide for a systematic "hand-off" of children from any early childhood program to schools receiving kindergarten students. In addition, schools and school districts could provide school readiness resources to partners. These might include space (during "off-school" hours in many cases), expertise in learning dynamics, and technological support, with the potential for expanding existing student information systems. Information systems are an important component of these initiatives, given how many sites in this study had difficulty with evaluation and accountability.

While this report focuses on schools as the platform for these integrated, comprehensive, early childhood services, we recognize that schools are one of a number of potential platforms for early care and education, which might also include birthing hospitals, or community-based organizations, such as child care centers or family resource centers. The role of the school can vary from provider of services to convener of partners in a collaborative system. It will be a challenge to engage school districts and schools in this larger effort to create a system of support for school readiness without making the system "educentric", but rather a community-based effort with schools providing a mechanism to convene various partners to better meet the needs of young children and their families.

A potential limitation of current and future school-based early childhood education programs is the tendency to "push down" educational practices to younger and younger children. With the emphasis on accountability, as schools provide more preschool opportunities, there can be pressure to test young children in formats that are potentially inappropriate for them. Leaders in the early education field need to clearly articulate the developmental range of young children and ensure the developmentally appropriate format is used for these efforts.

Another challenge is that many schools will understand the rationale for providing early care and education services to 3-4 year olds; however, it may be harder for them to understand the importance for school readiness and of appropriate developmental experiences for parents and children between birth and 3 years old. The danger is that the birth-to-three population will be ignored and system change efforts will focus only on the preschool ages (3-4 year olds). School-based school readiness initiatives must be sure this youngest group is included in their comprehensive programs and services or through linkages to community partners that may be better equipped to offer more intensive programs to younger children and their parents. Several programs highlighted here are moving in this direction.

Another challenge will be to "market" schools as a place that parents, childcare providers, and other early childhood service providers feel welcome and connected to. At either the state or district level, a strategic communications campaign could create the awareness of programs and

services for children birth to five offered by the schools or school districts and demonstrate the schools willingness and interest in serving this population. However, communicating the promise needs to be supported by real change in this direction. Additional efforts will need to be made to address parents or child care providers concerns and to create a positive perception about schools and their ability to provide services to young children and their families. Such an effort could highlight successful programs such as Healthy Start, school-based Head Start programs and other such initiatives.

A final challenge will be reaching out to parents with children under 5 who do not have school age children and are therefore not connected to the school system; to in-home and center-based childcare providers; and to private pre-school educators. This can be done by accessing a childcare provider network if it exists in the community, conducting outreach at faith-based organizations, health centers and WIC sites, or other community sites, in order to provide information to parents and childcare providers about the early childhood programs offered by the school and community.

School district leadership and school principals will need strong support and leadership training regarding systems change in order for them to be effective partners in the expansion, and in some cases creation of, a system for children 0-5 and their parents. Helping to foster such leadership will be an important component of school-based early childhood initiatives.

Our review of these innovative school districts and schools from across the United States gives every indication that creating school-based comprehensive early childhood programs is not only feasible, but becoming a key activity in many school districts in different parts of the country. Despite the fact that none of the sites had conducted longitudinal evaluations, they all shared anecdotal evidence about the positive impact of their programs on school readiness. As more schools and communities collaborate to create school readiness programs, the lessons learned from these path-breaking efforts should serve as a touchstone for these new activities.

Introduction

Building a system of comprehensive early childhood services is an important goal of California's Prop 10. In building this system, there are a number of different types of community-based organizations that could serve as "platforms" for integrated early childhood services and programs. Community-based organizations such as childcare centers or WIC programs, birthing hospitals, as well as schools, have all emerged as potential platforms and several innovative comprehensive service centers have been created at these sites. This report considers the historic opportunity in California for schools and school systems to expand their role in promoting school readiness as platforms for the provision of comprehensive early childhood services.

In order to provide school superintendents and staff, Prop 10 commissioners, parents and other community stakeholders with some of the information they will need to support the creation of school-based early childhood programs and services in their communities, this report reviews promising practices from across the country, including California, that are at the forefront of providing comprehensive school-based early childhood programs. The report includes a compendium of forty-one sites from around the country that have successfully implemented comprehensive, school-based early childhood programs and services, and highlights six promising programs in more detailed case studies. The sites selected for inclusion are not intended to be an exhaustive list of such programs, but to provide examples of the kinds of successful, comprehensive programs and services that are available for our youngest population. The sites were chosen to be broadly representative of different regions of the country, and to reflect urban, suburban and rural areas. Some of the sites stand alone, while others are part of district, regional or state initiatives.

The goal of this report is to encourage a community focused, systems building perspective. The most effective early childhood initiatives provide a community-based, family-friendly, integrated set of comprehensive services that support young children and their families in fulfilling their educational, health and social potential. To ensure effectiveness and sustainability, however, change needs to occur in the schools and community service systems that play key roles in the organization, financing, and provision of services. Within school districts, leadership at both the superintendent and at the school principal level is essential in taking individual promising programs to scale. Within communities, leadership from county departments and county boards of supervisors will also be important in these new collaborative ventures. All stakeholders will need to recognize the advantages of such community-based school readiness programs, including the potential to provide more effective and efficient health promotion and family support services, the potential to positively affect later standardized test scores, and the potential to improve the effectiveness and efficiency of public investment in our children's futures. Realizing this potential is not just about more money for new services or about redirecting existing services, but about real systems change that fundamentally builds a community's capacity to support the long-term educational trajectories of its youngest citizens. This will require a system-wide change in orientation for the K-12 leadership. Without a community-wide collaborative focus on building the necessary infrastructure, these efforts will continue to be marginalized, and result in another set of fragmented programs for young children and their families.

All the promising programs in this report were chosen not because they are perfect examples of integration and comprehensiveness, but because they represent different parts of a vision of new comprehensive community-based systems. We recognize that many school districts are in the process of change and making efforts to integrate the services and programs they provide into a more responsive and coherent system of services for families with young children. This process requires vision, leadership and collaboration at the school and community level and a willingness to try something different. With the initiation of Prop 10 in California, and the establishment of county Children and Families Commissions and local community strategic planning activities, schools have the potential to develop new and productive community-wide collaborations to promote school readiness. We hope that these promising programs provide a vision of what is possible for schools in reaching back to young children in order to create a brighter future for all citizens in California.

Background

Three important trends are laying the foundation for California schools to assume a new, influential and timely role in school readiness: 1) the renewed attention to the importance of early childhood experiences as a foundation for lifelong social, emotional and academic success; 2) the emergence of school-based programs providing comprehensive services to school aged children; and 3) the availability of new monies for investment in early childhood generated by Proposition 10. Before describing these trends in more detail, however, it would be helpful to discuss what is meant by school readiness.

School Readiness

In the past decade, school readiness has become a major national, state and local concern. The National Education Goals Panel (NEGP) defined as its first goal, “by the year 2000, all children in America will start school ready to learn.”¹¹ In addressing this goal, the NEGP identified three components of school readiness: (1) readiness in the child, utilizing a broader definition that includes physical, social, and emotional well-being, as well as cognitive readiness; (2) schools’ readiness for children, i.e., their ability to accept and nurture a heterogeneous group of children; and (3) family and community supports and services that contribute to children’s readiness, i.e., to empower parents through education and training, ensure quality preschool programs, ensure that business is responsive to the needs of workers with families, and revive neighborhoods as safe and friendly havens for learning. It has become clear that the successful promotion of children’s school readiness extends beyond the scope of their health, education, development and skills; school readiness requires a broad-based societal effort.^{12 13}

Despite widespread use of the term, however, a universally accepted definition of school readiness has not been agreed upon. In the late 1980’s, numerous school districts and state departments determined school readiness functionally through the practice of testing children prior to school entry. This testing led to the retention of large numbers of children who were either placed into pre-kindergarten “transition” classes or forced to wait a year and “mature.”¹⁴ The rigors of testing also increased the academic demands of early schooling with “kindergarten becoming more like an academic boot camp instead of a children’s garden.”¹⁵ Alarmed by these practices, professionals in many fields, and many parents, denounced such harmful testing and labeling.^{16,17}

¹¹ *Getting a good start in school*. (1997) Washington, DC: National Education Goals Panel.

¹² *School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children*. (August 2000) Child Trends Research Brief. Washington, DC: Child Trends.

¹³ Kagan, SL & Neuman MJ (2000) “Early Care and Education: Current Issues and Future Strategies,” in *Handbook of Early Childhood Intervention*, JP Shonkoff, & SJ Meisels (eds.) New York, NY: Cambridge Press.

¹⁴ Meisels, S. (1998). Assessing readiness. CIERA Report #3-002. On-line@ www.ciera.org/ciera/publications/.

¹⁵ Shepard, L. (1997). *Children not ready to learn? The invalidity of school readiness testing*. Psychology in the Schools, 34, 85-97.

¹⁶ American Academy of Pediatrics (1995) The *inappropriate use of school “readiness” tests*. Pediatrics, 95, 437-8.

¹⁷ National Association for the Education of Young Children (1990). NAEYC position statement on school readiness. *Children*, 46, 21-3.

More recently, the notion of school readiness has been revisited in light of a growing body of research on the psychological development of young children and a literature that clearly demonstrates that school success depends not only on cognitive skills and knowledge, but also on a child's physical health, motor development, language ability, and most importantly, social-emotional development. At the time of the publication of the National Education Readiness Goal in 1992, the nation was embarking upon the "decade of the brain." New research on early childhood development has exploded, giving us a new appreciation of the critical role that early childhood experience has on brain development and a better sense of the pathway to increased learning ability prior to school entry (birth to 5 years). The concept of school readiness and readiness-to-learn has evolved to include broader issues beyond the attainment of certain skill sets. The National Education Goals Panel includes the following five components:

- Physical well-being and appropriate motor development
- Emotional health and a positive approach to new experiences
- Age appropriate social knowledge and competence
- Age appropriate language skills
- Age appropriate general knowledge and cognitive skills

Emerging notions of school readiness view it as a process that is not only a threshold (i.e., "good enough") that is completed by a certain time or measurable by a particular assessment tool. Rather, a more developmentally-focused conception of school readiness envisions the "readiness" process as a dynamic developmental process with multiple determinants. A single point of measurement or cross-sectional population analysis does *not* necessarily capture the process and determinants of individual development. Meisels argues that lack of readiness should not be viewed as a problem that requires eradication, but an evolving developmental process best described by various critical "inputs" over time by parents, educators, family and friends, and whole communities which contribute to a child's readiness to learn.¹⁸

The California Department of Education/Child Development Division (CDE/CDD) has used a broad conception of school readiness in developing its six desired results, or conditions of well-being for children and families, which are intended to guide practitioners in improving their child care and development services aimed at enhancing school readiness.¹⁹ The CDE's six desired results focus on both the child and the family:

- Children are personally and socially competent
- Children are effective learners
- Children show physical and motor competencies
- Children are safe and healthy
- Families support their children's learning and development
- Families achieve their goals

The increasing recognition that multiple skills and developmental attributes determine school readiness permits a broader and more inclusive way of approaching this issue.

¹⁸ Meisels, S. (1998). *Assessing readiness*. CIERA Report #3-002. On-line@ www.ciera.org/ciera/publications/.

¹⁹ *Prekindergarten Learning and Development Guidelines*. (2000) California Department of Education, Sacramento.

The importance of early childhood experiences

Recent scientific evidence clearly shows that experiences in the first five years of life are extremely important for a child's healthy development.²⁰ For example, research on brain development demonstrates that the capacity of a child's brain grows more during the first years than at any other time. It is during this early period that the "architecture" of the brain and the foundation for physical and emotional health is formed by the quality of the physical, social and emotional environments of the infant and toddler. Early experiences play a significant role in organizing brain structure and function, and laying the groundwork for future functional trajectories. How the child develops during this time impacts subsequent cognitive, social, emotional and physical development, which in turn influence school readiness and later success in life.²¹

Recent studies have documented the fact that children from disadvantaged backgrounds start school one year behind their peers and that many never recover from this deficit.²² The cost of beginning school significantly behind one's peers is substantial, and no interventions have been conclusively shown to be capable of ameliorating such deficits, once they are established.

Moreover, developmental outcomes at age six account for many educational outcomes at age eighteen. Studies have found that poor educational outcomes in 11th graders are predicted by reading ability in first grade,²³ and that at least half of some observed performance gaps between 12th graders are explained by performance gaps that were already present in the first grade.²⁴ These studies suggest that more prevention oriented efforts would be better expended on eliminating the need to catch up before it arises. Thus, changing academic performance in high school will require reaching back to promote development during the early childhood years when interventions and other resources can have the greatest impact.

Other clinical-evidence indicates that children provided with physical and emotional support as well as sufficient cognitive stimulation during the first three years of life, are better able to reach their developmental potential²⁵. In addition, high quality, early intervention programs such as the High/Scope Perry Preschool Project, the Elmira Prenatal/Early Infancy Project, the Infant Health and Development Project, the Carolina Abecedarian Project, and the Chicago Child-Parent Center Program among others, have been shown to make a difference in academic, health and social outcomes, particularly for high risk children, but potentially for the

²⁰ JP Shonkoff & DA Phillips, Eds. (2000) *From Neurons to Neighborhoods: The science of early childhood development*. National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

²¹ JP Shonkoff & DA Phillips, Eds. (2000) *From Neurons to Neighborhoods: The science of early childhood development*. National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

²² Stipek DJ and RH Ryan (1997) Economically Disadvantaged Preschoolers: Ready to Learn but Further to Go. *Developmental Psychology* 33,4, 711-723.

²³ Cunningham AE and KE Stanovich (1997). *Early Reading Acquisition and Its Relation to Reading Experience and Ability 10 Years Later*. *Developmental Psychology* 33,6,934-945.

²⁴ Phillips M, J Crouse, and J Ralph (1998) "Does the Black-White Test Score Gap Widen After Children Enter School?" In C Jencks and M Phillips (eds.) *The Black-White Test Score Gap* (pp. 229-72). Washington, DC: Brookings Institution Press.

²⁵ National Education Goals Panel. *Ready Schools*. 1998.

general population of young children as well.^{26 27} The positive outcomes demonstrated by these interventions include increased IQ, increased high school graduation rates, reduced grade repetition, behavioral problems, involvement in crime, use of special education programs, and incidence of teen pregnancy. Although of great potential value, programs such as these remain unavailable to most children.

Emergence of school-based programs providing comprehensive services to children

Recent school reform initiatives have broadened the school's focus from curriculum and instructional innovations to include the concept of schools as centers for change in community systems designed to promote child and family well-being.²⁸ Recognizing that a child's academic performance is integrally linked with his or her physical health, emotional state, economic status and social environment, these systems change strategies have begun to build comprehensive integrated systems of support to assist children and families in need. In California, due to the innovative Healthy Start programs for the elementary school population, many schools and communities have made significant advances in creating integrated systems to provide "Learning Support"²⁹ co-located on school sites and in community based-family resource centers. "Learning Support" can include healthcare, mental health services, family support and child welfare services, education support and income maintenance assistance, along with a vast array of other vital resources. Activities may also include adult education and support for families with preschool age children.

While most of these efforts have focused on the school-age population, an increasing number of schools are realizing the benefits of providing services even earlier and building on this already established platform of comprehensive services to include services for the preschool population. Schools clearly have a strong vested interest in programs that promote school readiness and overall better outcomes for preschool age children. In addition to enhancing all children's chances of success in life, prevention and early intervention programs have the potential to lower the number of students entering the increasingly costly special education system. By addressing barriers to learning that children encounter at a much earlier point, there is a greater opportunity to provide the additional support a child need to enter or remain in a standard classroom.

One option for school districts that want to take advantage of the momentum for providing school readiness is to build on existing programs. These programs include Healthy

²⁶ Karoly, LA, Greenwood PW, Everingham SS, Hoube J, Kilburn MR, Rydell CP, Sanders M & Chiesa J (1998) *Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*. Santa Monica, CA: RAND.

²⁷ Reynolds, AJ, Temple, JA, Robertson, DL, Mann EA. (2001) *Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest: A 15-Year Follow-up of Low-Income Children in Public Schools*. JAMA 285(18): 2339-2346.

²⁸ Adelman HS and Taylor L (1999) *Addressing barriers to student learning: Systemic changes at all levels*. Theme issues. Reading and Writing Quarterly. 15(4):251-254.

²⁹ Adelman HS and Taylor L (1999) *Addressing barriers to student learning: Systemic changes at all levels*. Theme issues. Reading and Writing Quarterly. 15(4):251-254.

Start sites, early childhood special education services, and programs for teen parents and their young children. Local schools serve as ideal platforms for reaching out to families with young children for many reasons, including:

- For most families, schools are familiar, accessible and trusted institutions in every neighborhood, especially for families with older children in whose lives school already plays a central role.
- The school is already obligated to provide education services for youngsters starting at the age of five (or three for special needs children).
- Schools, who are increasingly held accountable for academic outcomes, should have a vested interest in earlier investments that have lasting effects on academic success.
- Children who participate in early intervention programs are less likely to require special education services or to be retained than other children, which ultimately saves districts money.
- Supporting healthy development is central to the school's mission.

While early childhood programs exist outside of schools, primarily in the forms of preschool, child development, home visiting, and traditional childcare programs, the quality of these programs varies greatly and barriers that exist to obtaining these services (e.g., cost, transportation, language and cultural issues) remain great for children who are at the most risk. Lacking specific curriculum for developmentally appropriate activities, only a handful of truly "pre-kindergarten" schools function as school readiness programs. In addition, federally funded Head Start programs (which increase access to health, social services and education to 3 and 4 year old children whose families: do not speak English at home, have low incomes, or have other special needs that place children at serious disadvantage when entering school) are not funded to serve all eligible children. Even for the families that are served, Head Start hours have been limited and have not met the childcare needs of working parents.

Over the last decade a new generation of early childhood development programs has emerged, including early literacy school readiness programs like Even Start. Other older programs such as Head Start have evolved to include Early Head Start, which provides services for low-income infants, toddlers and expecting mothers. Overall, however, the array of early childhood programs and services has been fragmented, under-funded, of varying quality and not universally accessible. This makes the increasing trend toward publicly funded pre-kindergarten and early childhood programs based on the public school infrastructure all the more important.

At present, communities have a varying array of different programs that can potentially serve as the foundation for a comprehensive school readiness program. Unfortunately, due to their history, funding constraints and administrative requirements, these programs tend to be fragmented and uncoordinated, many do not reach all eligible children and families, nor are they coherently linked to school readiness efforts. Figure 1 provides a graphic illustration of the current array of different early childhood services. In order for more integrated systems to be developed, programs and services must be reorganized into a more efficient arrangement that can more effectively serve the needs of families with young children. Figures 2 and 3 provide graphic examples of what a newly reorganized school-based system might look like, including examples of the types of programs that could be offered. In this model, the school serves as the

hub of a network of neighborhood and community-based services. Figure 2 represents the intermediate stages of such systems development and Figure 3 represents a school that has a more fully developed integrated system of services and programs. This type of system can be created through a process of co-location, collaboration, and strategic partnership.

The potential for strategic collaboration with Proposition 10

In 1998, California voters passed Proposition 10, the Children and Families First Initiative. The goal of Prop 10 is to promote, support and optimize early childhood development from the prenatal period to age five and to foster school readiness through the creation and implementation of a comprehensive, collaborative, and integrated system of information and services targeted to this population.³⁰ These services are funded by tax revenues from tobacco products (a 50 cent tax per product), which generated approximately \$690 million in the year 2000. Eighty percent of these funds go directly to county Prop 10 commissions. The initiative recognizes that:

“California taxpayers spend billions of dollars on public education each year, yet there are few programs designed specifically to help prepare children to enter school in good health, ready and able to learn, and emotionally well developed. Children who succeed in school are far more likely to engage in meaningful social, economic and civic participation as adults and to avoid the use of tobacco and other addictive substances...Dollars spent now on well-coordinated programs that enable children to begin school healthy, ready and able to learn, and emotionally well developed, will save billions of dollars in remedial programs, treatment services, social services and our criminal justice system.”³¹

Prop 10 funds present an unprecedented opportunity to invest in the future of California’s children. Furthermore, these funds are provided to counties in a flexible form that allows for a great deal of local discretion to support a variety of innovative uses tailored to local needs. Prop 10 commissions can play a powerful role as leaders, conveners, planners, and facilitators for local community stakeholders, and Prop 10 monies can serve as the “glue” which brings together various funding sources in collaborative partnerships. Because Prop 10 monies are a potentially diminishing resource, a basic principle of Prop 10 is to encourage long-term sustainability of programs through leveraging and maximizing existing funding streams.^{32 33 34} The county commissions are accountable to the communities and California voters for the implementation of effective and appropriate early childhood interventions and their strategies will be most effective when they partner with other stakeholders such as schools, parents and community providers.

³⁰ Proposition 10 – Full Text of the Proposed Law. www.ccfc.ca.gov

³¹ Proposition 10 – Full Text of the Proposed Law. www.ccfc.ca.gov

³² Hayes, C (2000) *Financing Early Childhood Initiatives: Making the Most of Proposition 10*, in N Halfon, E Shulman, M Shannon and M Hochstein (eds.), *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities.

³³ Halfon, NH et al. (in press) *Schools, Counties and Proposition 10: A New Partnership for Early Childhood Supports in California, Financing Considerations*. UCLA Center for Healthier Children, Families and Communities.

³⁴ Halfon N, Gonzalez R, Hochstein M. (1999) *Building Bridges for California’s Young Children: A 12-Point Agenda to Enhance Proposition 10*. Berkeley, CA: California Policy Research Center. Los Angeles, CA: Center for Healthier Children, Families and Communities.

The State Prop 10 Commission has made it clear that school readiness would serve as an important organizing framework for their activities at the state level. The State Prop 10 Commission has already begun a process of working with the Governor and California Department of Education to fashion a set of new initiatives at the state level to facilitate school readiness efforts by local commissions, school districts and county agencies. Several county commissions have also organized their efforts to focus on school readiness and to develop strategic efforts that target schools and school districts as major players³⁵.

Given these three trends, the current climate is right for schools, Prop 10 Commissioners, parents and other community stakeholders to work together to create a new, comprehensive system of early childhood programs and services which target both parents and young children, and to enhance the ability of all children to enter school healthy, ready and able to learn. It will take vision, strong leadership, and a willingness to embark on creative partnerships to make this historic opportunity a reality in California. We hope the examples included in this report will provide both practical information and inspiration.

³⁵ See, for example, the strategic plans of the Los Angeles County Children and Families First – Proposition 10 Commission and the Children and Families First Commission of Ventura County.

Methodology

The purpose of our report is to identify and examine innovative models of school readiness programs focused on comprehensively addressing the needs of families with young children. To accomplish this goal, we developed a methodology that would allow us to: identify potential sites, profile their programmatic and system-building efforts, and better understand how they are accomplishing their goals. We used a sampling strategy designed to locate innovative sites, a survey to profile all sites, and phone interviews to conduct case studies of representative sites.

Site Selection

The sites selected for this report were identified through multiple key informants, a review of the literature, and a search of the World Wide Web. We asked our key informants to help us identify school sites around the country that have developed innovative, model programs of comprehensive early childhood services - specifically, elementary schools and/or school districts that provide various school readiness and "learning support" services co-located on school sites. We described such services as including, but not limited to, early childhood programs, childcare, parent/ adult education, after and before school programs, health and dental care, mental health services, family support and child welfare services, education support and income maintenance assistance, and community outreach. We also drew upon large initiatives and organizations concerned with school readiness for the birth to five population to help us identify particularly promising sites. These included The Yale Bush Center's Schools of the Twenty-first Century, the Carnegie Corporation's Starting Points Initiative, Zero to Three, the Childcare Action Campaign, and the Federal Department of Education. We identified contacts in all 50 states through the Federal Department of Education's publication, *School Involvement in Early Childhood*, many of whom provided leads to particular sites or districts in their state.

After contacting a total of 112 sites, the list was narrowed to 45 potential sites that met our criteria of school-linked, comprehensive, early childhood services. We were unable to contact 3, despite extensive phone follow-up with up to 8 calls per site, and one site chose not to participate. This left a total of 41 sites in our sample. The compendium is not intended to be an exhaustive list of such programs, but to provide examples of the kinds of comprehensive programs and services that have been developed for this youngest population.

Summary of Site Characteristics

Sites were selected for this report based on a number of characteristics. In addition to having a comprehensive, school-based, early childhood program, sites were chosen to represent different regions of the country, different types of communities, and programs that were one-of-a-kind as well as those that were part of district, regional or state initiatives. The table in Appendix B lists the 41 sites and indicates whether they were a stand-alone program or part of a larger network of programs, whether they were in an urban, suburban or rural area, and the region of the country in which they were located.³⁶ Seventeen (41%) of the sites were in rural areas, 13 (32%) in urban areas, 9 (22%) were in suburban areas, while two were in a combination. (Please see Figure 4) Seventeen (41%) of the sites were in the southern region (this region covers a large area stretching from Delaware to Florida to Texas), nine (22%) were from the West, 8 (20%) from the Midwest, and 7(17%) were from the Northeast. (Please see Figure 5) Over half of the sites (59%) were part of a network of sites. The remainder operated on their own.

The programs offered a range of services, however, there were specific programs and services that were offered by almost all sites. These included: early childhood education (95%); parenting classes (90%); childcare (88%); and health services (80%). (Please see Figure 6) Over half of the programs offered adult education (71%), social services (68%), and mental health services (59%). A smaller, but significant proportion of programs offered programs for the birth to three-year-old population, including infant/toddler groups (44%) and home visitation (34%). Other types of services offered included: dental services (24%); a health clinic (22%); a family resource center (22%); a family literacy program (15%) and WIC services (15%). (Please see Figure 7)

Most programs had a large number of partners with whom they collaborated to provide a more comprehensive set of services. The number of partners ranged from 2 to 35, with an average of 11. The most frequent partners were state departments (e.g., of education or health) (66%); local organizations (including child care providers and family resource centers) (63%); county departments (56%); Head Start (51%); colleges and universities (51%); local businesses (44%); and medical centers (27%). A much smaller number listed state preschool (15%), Early Head Start (15%), Even Start (10%), WIC (10%), and federal programs (5%) as collaborative partners. (Please see Figure 8)

Nearly all (93%) of the schools or school districts provided space and maintenance for the programs, either onsite at the school or in buildings offsite that were owned by the district. Over half (54%) of the schools and school districts provided teachers and other staff to the programs, most of whom were funded by sources other than general education funds, such as State preschool, desegregation funds, Title 1, Head Start or grant funding. About one-third (32%) provided administrative support and/or served as the fiscal agent for the program. Seven (17%) provided transportation to families as needed and 3 (7%) provided staff development. (Please see Figure 9)

³⁶ The regions of the country are based on the US Census Bureau's regional breakdowns, in which the southern region includes the largest number of states.

Many of the programs encouraged active parent participation. Parents participated on advisory boards (78%), volunteered in the program (56%), participated in the program with their child (41%), and a smaller number served as teachers (17%). For a number of programs, parent participation was required. (Please see Figure 10)

Funding sources varied tremendously for these programs. By far the most common source of funding was state funds or grants (73%) in addition to State Department of Education funds (41%) and State Preschool funds (15%), suggesting the important role of state support for these programs. Head Start was an important source of funding for 39% of the programs. Other funding sources included: county/city funds (29%); foundations (27%); tuition/parent fees (27%); Title 1 (22%); County Department of Education (20%); in-kind donations from parents or partners (20%); and Early Head Start (17%). School districts contributed funds in only 10% of the programs.

Very few formal evaluations of these programs had been done. Nearly half (49%) conducted self-evaluations, 44% asked parents to evaluate the program, usually in annual surveys, and 39% evaluated their programs to satisfy their grantor's requirements. However, only 3 programs had or were currently participating in longitudinal studies conducted by independent agencies, such as universities.

This profile of the sites suggests that, while school districts and schools for the most part were not a major source of funding for early childhood programs, they did supply space and maintenance, thus providing an infrastructure on which to build these programs. This is critical considering that school districts are often the largest landowner in a community. In California, where many new schools are currently being built, it is important to consider including space for early childhood and parent education and support activities in school construction plans.

Schools and school districts also provided teacher, staff and administrative support for many of these programs. As a source for teachers, schools or districts can provide a well trained and fairly compensated pool for staffing. This is critical considering the high turnover in early childhood service providers, generally attributed to low salaries.

Support at the teacher and administrative levels also builds a strong connection between early childhood programs and the K-12 infrastructure. This connection can foster integration and collaboration, which can lead to a seamless service delivery system and the ability to leverage and/or blend funding. This can occur in several ways. If the school district provides credentialed teachers for the preschool program, then these teachers are more likely to be seen as an integral part of the school culture, and will participate in faculty meetings and teacher training sessions, together with the K-12 teachers; there would be a structured transition process from preschool to elementary school; and a framework where preschool, kindergarten and primary teachers could share information about curriculum and instructional practices. Alternatively, if the district is the hub of a system of early care and education providers, the schools role would be to facilitate integration and collaboration through common staff development and training, and parent outreach and education.

. The state departments of education and health were often the initiating and sustaining partners providing funding for early childhood programs. School districts may be more likely to take on the role of early childhood provider or partner if funding for these programs comes from sources other than general education funds. In the case study interviews, practitioners noted that a strong mandate from the state along with funding was often the motivating factor for their district becoming involved in early childhood service delivery.

The majority of programs in this study were aimed at children in the pre-kindergarten age group (3 - 4 year olds). This might indicate that developing schools-as-platforms for early childhood services would be an incremental process, first reaching back to the 3-4 year olds, and then providing support and services to children and families 0-3 years of age.

Another common feature across the sites was parent education and participation. Many contributing partners, such as Head Start, require parent education and participation as part of their programs. It is also thought to be one of the most effective ways to strengthen a child's social/emotional and cognitive growth beyond the walls and time constraints of early childhood education programs.

The information gathered from the sites we contacted provides a strong basis for schools and school districts to be one of the vital platforms for building a sustainable system of support for children 0-5 and their families. It would seem to be more effective and efficient to build on existing infrastructures as these programs have done, rather than to try to create a system from the bottom up.

Case Studies

After collecting survey data from each of the sites, we rated all the sites according to specific criteria³⁷ for: comprehensiveness of programs offered; integration of services including staff, space, case management and funding; and sustainability, or the length of time the program had been in existence combined with the existence of stable funding sources. Based on these ratings as well as on other criteria such as geographic representation, urban/rural/suburban locations, and single vs. multiple sites, we selected six sites for the case studies. The case studies involved a review of written materials provided by the site contact as well as a telephone interview. They covered the following areas: history of the program, programs and services offered, funding, results that have been achieved, lessons learned and vision for growth.

³⁷ See Appendix A

Case Studies

**Best Practice Site
ELIZABETH LEARNING CENTER
Cudahy, California**

“It is not enough to merely make educational opportunities available to people – it is also imperative to train people how the educational systems work, so that they can take the maximum advantage of these resources in order to shape their own futures.”

Background

Elizabeth Learning Center (ELC) is a model site for the Urban Learning Centers (ULC), one of the eight designs of the New American Schools of the 21st Century. ELC is located in the City of Cudahy, one of the poorest areas in Los Angeles, California, with a predominately Hispanic population. It is a Los Angeles Unified School District (LAUSD) school and serves over 3,000 Pre-K through 12th grade students.

In 1991, in response to President Bush’s “Goals 2000”, a nationwide proposal was launched by the New American School’s Development Corporation (NASDC). The Los Angeles Educational Partnership, United Teachers Los Angeles (UTLA) and LAUSD joined together to create a design for a 21st Century school. The resulting design was one of only 11 proposals selected by NASDC and in 1992 Elizabeth Street School became the first “Urban Learning Center” site.

The Urban Learning Center design that has become the heart of ELC restructured the school around 3 key components: shared governance; innovative curriculum and instruction; and comprehensive student and family support. This third component has become known as “Learning Supports”. ELC is a recognized model for the implementation and refinement of the Learning Support component. The Urban Learning Center design is supported at ELC by advanced technology and training for curriculum and instruction.

The Urban Learning Center’s focus on addressing barriers to learning and creating a community of life-long learners became the impetus for many new programs and activities. In order to expand programs for parents and other adults in the community, they had to first address the greatest barrier to adult learning in the community, the absence of any childcare facilities. This was a critical issue given the economic status of community members. This led to the first expansion of early childhood programs on site. The parents, with support from ELC Family Center, school administrators, and leadership provided by the Huntington Park/Bell Adult School, formed its own childcare cooperative. The cooperative operates on a small amount of funding from the school budget for two 15-hour positions, program support and planning provided by an adult education teacher, and many hours of volunteer time from parents.

One initial outcome of the Parent Cooperative Childcare Center was the identification of the need for parenting classes so that parents and volunteer childcare providers would be utilizing a congruent, non-violent, child development philosophy, which would, in effect, allow them to speak a common language for child-rearing. As part of the guidelines for using the parent cooperative, the leadership group requires weekly participation in parenting classes, which focus on a variety of issues around parenting young children. Teachers from Huntington Park/Bell Adult School staff the parenting classes. The parent

educator who began this work at ELC has now trained over 300 parents from 10 other local schools in a parent leadership program entitled "Comadres/Copadres."

This partnership between parents and community members led to greater communication about the needs of the community. Increasing childcare and early childhood education opportunities became primary goals of the school leadership, adult education staff and the members of the Elizabeth Family Health Center Advisory Board. This focus on expanding Early Childhood programs and services has led to partnerships with the Los Angeles County Office of Education - Head Start Division, the Gluck Foundation, LAUSD Adult School and LAUSD state pre-school program.

Funding

Funding sources for the Family Center Staff come from the school's Title 1 and Bilingual Funds. Initial start up funds for the Family Center came from the New American Schools Design grant; initial funding for the Health and Mental Health components came from a grant from the Kellogg Foundation, with additional assistance from St. Francis Medical Center. Other on-going funding comes from collaborative organizations, and State and Federally funded educational programs. The Los Angeles Unified School District's Division of Adult and Career Education provides the Adult Education programs and lead staff. The Los Angeles County Office of Education's Head Start Program has provided key resources in terms of additional classroom buildings for program expansion. St. Francis Medical Center provides all funding for medical programs. The Parent Cooperative Childcare Center is a volunteer organization, as is Los Comadres Parent Leadership group. There are several specially funded

grants programs, including a Toyota Families in Schools Family Literacy Program for 4th and 5th grade students and families. In terms of organizational consulting and leadership, the Family Center has had strong support from the Los Angeles Educational Partnership, Cal State University, Dominguez Hills, and the University of California, Los Angeles.

Programs and Activities

There are multiple levels of Early Childhood Education at ELC, including:

- A Parent Cooperative Childcare Center, which provides childcare for parents attending Adult School classes.
- State-Pre K classes and Head Start classes. There are 4 morning and 4 afternoon sessions. One Head Start class is co-joined with a State-Pre K class to provide extended childcare for working parents. Head Start also operates the Home-Base Program, which provides pre-school activities in the home.
- School Readiness/ Language Development Program classes.

A full-service Community Health Center, administered by St. Francis Medical Center, is staffed by a full-time Family Nurse Practitioner, a Registered Nurse, 2 office staff members, and rotating physicians from pediatrics, family care, and OB/GYN. The Health Center offers:

- Physicals and primary care
- Health and vision screenings
- Immunizations and well-child care
- Periodic and episodic care

➤ Dental screening and referrals

The Community Health Center works in close collaboration with the on site Family Resource Center for the provision of services. The Director of the Family Resource Center is the site liaison for all Learning Supports programs and activities, including coordination with collaborative partnerships. The Family Center activities are supported by 5 parent Community Outreach workers. The Center is the hub of a variety of activities, including:

- Volunteer training and coordination
- Parent Leadership Initiatives (Los Comadres Program)
- Case Management of all social service referrals, including legal services to families through a partnership with the UCLA Law School
- Individual and Family Counseling provided by 1 psychologist and 1 social worker (paid by Title 1 funds) and 5-10 graduate interns.
- Coordination of Family Education and outreach activities, including working with the liaison to the Huntington Park/Bell Adult school to provide 26 classes on-site from early morning to late afternoon. Classes include: English as a Second Language, High School Diploma/GED preparation, Computer Literacy, Citizenship, Parenting, Parent Leadership Training, and Family Literacy and CBET (Community Based English Tutoring). Approximately 700 adults attend Adult School classes during the week. Additional classes taught by parent volunteers include: Aerobics, Sewing, and Spanish Literacy.

Results

ELC currently has not evaluated the Early Childhood programs; however, it is working with UCLA to develop a comprehensive evaluation program. What the school site can report is that the Urban Learning Center design implementation has increased student attendance, improved immunization rates, resulted in a high school graduation rate of 94%, and college going rate that has ranged from 74% -96% since design implementation. There has been a dramatic increase in parent involvement at the school site, with parents averaging 1,000 volunteer hours per month (many of these in the childcare center). The need for formal evaluation is a high priority for the Early Childhood Collaborative.

Lessons Learned

Keys to success:

- Having community partners who share a common goal to work with families to improve the health, social and academic outcomes for children and families.
- Strong leadership from the school site administration.
- Strong parent leaders who are able to articulate the needs of their children and community.
- Leaders on the community advisory board who have vision and are able to think “outside the box”.
- Support of long time collaborative partners who share the vision and the project history, and who work together with the school to deliver needed services to the community.

- Having a clear decision making process.

Challenges:

- Changes in leadership at the school and several of the partner community organizations - this is addressed in part by the governance infrastructure that exists at the site as part of the Urban Learning Center design and by providing a series of trainings to new principals and directors.
- The differing pay scales for early childhood educators from Head Start, State Pre-School and LAUSD - this is being addressed in a carefully constructed contract.
- Evaluation and data management is not covered under any current funding source, but ELC staff know that it is essential for sustainability and future funding – this is being addressed by working with UCLA to design a process that fits the unique needs of the site

Vision for Growth

ELC currently has many programs to address the needs of 3-5 year olds, but would like to build both center-based and home-based programs for families with children 0-3. The program now provides health and mental health services for children and families 0-3 through the school based health clinic and Family Resource Center and also offers parenting classes for parents of children 0-5. However, ELC recognizes the need to develop programs for the cognitive and developmental needs of children 0-3. Two programs currently being discussed are a home visitation program based on new births and a family literacy program designed for children and parents 0-3.

Elizabeth Learning Center

“My name is Maria Flores and I have five children, ages 10 to 15. I have been volunteering at the Elizabeth Learning Center as a volunteer since 1994. I am currently a volunteer at the Cooperative Childcare Center where I take care of children while their parents are studying in the adult classes have their children nearby the center. This is not an obstacle for them. I continue to volunteer and provide supervision with other parent volunteers so that the children are safe on campus.

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Best Practice Site
EL DORADO COUNTY CHILD DEVELOPMENT PROGRAMS
Placerville, CA

“[We attempt] to promote the physical, social, emotional and cognitive development of each child, following current early care and education theories. It is our belief that children learn best through active participation in activities and programs that are developmentally appropriate. Our programs maintain an “open door” policy, encouraging parents and community members to visit and participate in our daily programs.”

Background

El Dorado County covers a large geographic area ranging from the foothills of Sacramento to Lake Tahoe, a very rural and mountainous area of northern California. El Dorado County Child Development Programs are operated by the county Superintendent of Schools through the County Office of Education, which plays a very strong role in early childhood education in the county and employs all the program staff.

All former county superintendents have been very supportive of early childhood care and education in the schools. The current superintendent has been particularly effective in increasing the public's awareness of the importance of early childhood.

The Child Development Programs serve 11 different sites, eight of which are on elementary school campuses in 7 different, independent school districts. Three sites are located in buildings purchased by the county superintendent, such as old schools, and new or renovated childcare centers.

Head Start, established in 1963, was the first early childhood program in El Dorado and provided the structure and initial funding for early childhood programs. Needs assessments conducted with the support of the county superintendent, found a need in the county for additional services for

children birth to 5 years old and their families.

By 2000, in order to provide full-day child care, children in working low-income families were allowed to participate in both Head Start and State Preschool classes. In 1995, Home-based Early Head Start began offering parenting classes, childcare and home visits to 75 families with children ages 0-3.

A great deal of effort is made to ensure continuity between the State Preschool and Head Start programs. For example, staff from both programs are trained together (with funding from Head Start) and use a common curriculum -- the High Scope Curriculum, with the Creative Curriculum now being added in. Typically, parents are not aware of which program their child is in (Head Start or State Preschool), both are high quality programs. Parents fill out the same enrollment form for both and an enrollment clerk helps them decide which would be the best fit for the child and family.

A new addition to El Dorado County is the Proposition 10^{*} Commission, made up of nine members, including community officials and educators. The county

^{*} Proposition 10 was an initiative passed by California voters in 1998 to place a 50 cent tax on all tobacco products, the revenue from which is given to California counties to support programs and services for children birth to age five and their families.

Superintendent serves on the Prop 10 Commission.

Funding

The county is working primarily with federal and state education funds, with 20 percent of their support coming from in-kind donations, including from the school districts (space), and parent community (who volunteer their time in the classrooms, conduct in-services and work in the administrative offices). Local schools do not pursue their own funding, but rely on the county Superintendent to contract with the State and Federal Government. The state and federal funds are mandated to be used for the lowest income families, but there is still an unmet need for early childhood services in the county, particularly for full day subsidized childcare for working families.

Because of the limited amount of funding in the county for early childhood programs, El Dorado has had great success with blending their state and federal funds, which allows them to offer the programs they do today. Salaries for the Director, the coordinator, the office staff and the nurse, as well as staff development, are all paid for with blended funds.

Programs and Activities

- Home visits include health, mental health, parent education, child growth and development, and nutrition services and are conducted by visiting teachers.
- Full-time subsidized childcare is provided by the County Office of Education for children 18 months to 14 years
- Early childhood education is provided for 3 to 5 year olds through Head Start and State Preschool

- Parenting classes are offered as part of Head Start, Early Head Start and State Preschool.
- Adult education classes are offered on the Western Slope and Lake Tahoe and are located at district high schools and libraries. Parents are referred to library literacy programs and encouraged to take classes at local community colleges and Sacramento State College.
- A strong partnership with the County Health Department provides physicals and related health services. There is also a full-time contracted Registered Nurse and medical technicians for on-site health care, such as vision and hearing screenings, immunizations, well child visits, and physicals.
- In 2000-2001, a Tooth Mobile will offer on-site dental exams and treatment.
- A contract with the County Department of Mental Health and a private Mental Health agency provides on-site consultants who conduct classroom observations, family rap groups, staff consultations and case management.
- A family community worker is on-site for minor social service issues, such as acting as a resource of community services, and referrals to the Department of Social Services (DSS).

In both Head Start and State Preschool, the children complete a transition program before entering kindergarten. They visit their new classrooms and kindergartners make a presentation to the preschoolers. Parents are invited to Kindergarten transition meetings to meet school teachers. In addition, a file containing their individual

developmental assessment, including health data, is passed on to the elementary schools. The kindergarten teachers also meet with the preschool teacher from Head Start and State Preschool for to discuss each incoming child and their needs.

Results

Although they would like to conduct a formal evaluation, there is currently no funding to do so. However, El Dorado does send out “reviews” to families, community representatives, teachers and superintendents to obtain feedback about the program. They also conduct informal verbal evaluations with district superintendents. The feedback received has been very positive. The district superintendents and teachers report that the program is a real asset and that children coming through this program are entering school ready to learn. There are also reports of better identification of health needs and disabilities.

Lessons Learned

Keys to Success:

- Strong leadership and continuity of leadership are important. The Executive Director has been in the school system for 30 years.
- The support and buy-in of the district superintendents is crucial. Without them, many programs and services would not be available in El Dorado.
- Employing the very best staff pays off. An early childhood education background is not always necessary, but strong skills for working with children,

parents and other staff are. The program has very few credentialed teachers -- most are permit teachers, many of whom were former parents in the program.

- El Dorado’s staff retention rate is high – many staying for as long as 10 to 20 years. This is attributed to their relatively high salaries and a supportive work environment.
- It’s essential to create partnerships in an environment of low resources. Partners not only help financially, but also provide increased services and leadership. According to the Director, “With the right combination of people and support, anything is possible.”

Challenges:

- Insufficient funding makes it difficult to meet the needs of all families, especially full-day childcare for working parents.
- Working poor families can get caught in the middle, they earn too much and become ineligible for Head Start, but not enough to afford private preschool and childcare.

Vision for Growth

El Dorado would like to see more funding in the future to expand their programs. Right now El Dorado is only funded for half-day services and would particularly like to build community based collaboration to better serve working parents with full-day childcare.

El Dorado County Family Story

One of our Early Head Start teachers picked up the referral card from an employee at the Public Health Department. A young woman with quadruplets had requested WIC and she was referred to our program for additional support and services.

The four children were almost 2 years old and their mom and dad had recently moved to this county from the Bay Area. They were seeking a new, fresh start. The Dad was a recovering alcoholic and the cost of living in the Bay Area was making it difficult to raise a family on his income as a minimum wage employee. Both parents had few skills and only a high school education.

The teacher worked with the children and parents for one year. Through screenings, the children were referred to Pride and Joy, a private, non-profit program serving children 0-3 with special needs, for a thorough developmental assessment. All four children qualified for special education services. The primary concerns were speech and language development as well as fine and large motor development.

During the year, the Dad began drinking and left the family. The Mother took a bartending job at night in order to be home with the children during the day. The schedule was exhausting for the Mother. The teacher made a referral to WEE Care, a private, non-profit community based family service agency, for a drug and alcohol counselor to visit the home to meet with the Mom.

The teacher also made a referral to Choices for Children, a local resource and referral child care agency, for respite child care to relieve some of the child care responsibilities of the Mom. Soon a child care worker was coming to the home.

Today, the four 3 year olds are attending a Head Start Program and Special Education Preschool that are wrapped together. Two children continue to need intensive special education services and two children no longer qualify for special education services.

The family requested 4 beds through the Sacramento Bee Gift of Hope program offered during the holiday season. The Mom continues to work evenings in order to be with the children during the day.

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Best Practice Site
PAGE HILLTOP ELEMENTARY SCHOOL
Ayer, MA

“We want to ensure that the children in our community receive a quality early childhood experience. We believe that this is best accomplished by strengthening and empowering parents.”

Background

Page Hilltop Elementary School is the sole elementary school in the town of Ayer, a semi-rural, mostly middle class Massachusetts community which is 80% Caucasian and 20% minority. The elementary, middle and high schools are located on a single piece of district property arranged around an athletic field. The district serves 1,300 children from birth to age 18 and their families.

The early education component (birth through 5 years old) was initiated in 1995. Town officials, local business owners, and community members wanted to offer local residents an incentive for staying in the community when the local army based closed. The current director, who was then a parent with a background in marketing, organized a door-to-door survey to assess the needs of families. The survey identified a need for more parenting education and early childhood services.

Funding

With the data from the needs assessment in hand, and the support of the county superintendent, funding was obtained from the Mass Family Network Grant for the birth to 3 year old program, the Community Partnership for Children Grant for the preschool program, and the school district for in-kind donations such as facilities, custodial work, and utilities. Families pay a fee for the preschool component on a sliding scale. This sliding scale also applies to

private preschools in the district. The grant covers the difference between the fee paid and the actual cost of tuition.

The Community Partnership Grant has been used to purchase developmentally appropriate toys, supplies for the classrooms and staff, as well as for professional development. Most parenting programs are financed through Adult Education funds as well as the Mass Family Network grant. Each funding stream has specific objectives that must be met and reported on in monthly, quarterly or annual reports. The school blends these funding streams to pay for staff salaries.

Programs and Activities

- Birth to 3 years old: Home visits to teach parents about their children’s physical and emotional development; infant and toddler groups for parents and babies/toddlers that cover specific topics on parent/child relationships. To be consistent with the school’s goal of “universal accessibility, voluntary to all,” the birth to 3 program is free to all participants.
- Well Welcome Baby Bag Visits: A family literacy program starting at birth. It offers bottles, handmade blankets from the senior citizens’ organization, books and information about the Page Hilltop Family Resource Center and the programs offered at the school.

- Birth to 5 year olds: 12-15 playgroups per week that cover parenting issues, cooking, music appreciation, reading and any other topic of interest to families. A nurse or social worker supervises playgroups, but parents or visiting teachers may also run them.
- Fulltime childcare for children preschool age (3-4 years) up to 7th grade.
- Preschool Education classes for 3 and 4 year olds based on the Massachusetts State curriculum for preschoolers.
- Daytime GED classes offered at the school through a partnership with the local community college. While parents are attending classes, the school offers free childcare for children up to 3 years old.
- Positive parenting series for parents covering topics for children up to adolescence.
- WIC (Women, Infants, and Children program) van available to provide health, vision, and hearing screenings and health immunizations for all children at the school.
- All other health needs are referred out to the WIC office, Department of Social Services, and the local hospitals. Page Hilltop has working partnerships with the Department of Health and many private physicians for most health related issues.
- Social worker on-site and school counselors for case management and mental health needs, otherwise they refer out to the local mental health clinic.

- Family Resource Center and Lending Library for parenting information and resource books/materials as well as children's books

The children are screened in April before kindergarten and again the following September for any developmental problems or special needs. Because this is a small district housed on one campus, the early childhood program staff communicates informally with the elementary school teachers about the needs of the transitioning children.

Results

Massachusetts has a “school choice” policy under which parents have the right to select any school in the state they feel will be the best fit for their child. In the last 5 years, Page Hilltop has been the third most requested school in the state, over many private schools, with children coming from 32 different communities, including some from as far away as Boston.

Page-Hilltop has been selected as one of five schools to be part of a longitudinal study by the Yale-Bush Center on the impact of early childhood education on academic achievement.

Lessons Learned

Keys to Success:

- Having a supportive and active superintendent or other educational leader is key to initiating an early childhood program. Effective leadership is important for gaining the support of the community and other key individuals for the program and for securing funding to assure the programs sustainability.

- Communication skills are important. Page Hilltop was successful in obtaining funding because of the way it was marketed and communicated to state officials, private businesses and community organizations.
- You do not necessarily have to have a leader with an educational background in order to have a successful educational program for early childhood. An effective leader could be a caring person, a lawyer or a business expert. At Page Hilltop, not only is the County Superintendent extremely supportive, but the director, with her background in marketing, has been very effective in communicating the needs of the school and the early childhood program to a large list of partners and funding sources.

Challenges:

- Change is difficult. Not all relationships and partnerships will be positive. Not every organization wants to support a school and its services and not every partner wants to work with other partners. Part of the leadership role is to be a bridge builder, a problem solver and a good communicator. A good leader will keep the focus on the common vision: to improve the lives of children.

Vision for Growth

Page Hilltop will continue to offer its quality services and universal accessibility for all families. It will continue to conduct community assessments to make sure they are meeting the needs of the families they serve. They hope one day to be able to show solid data for the positive effects early childhood programming is having on school readiness. Anecdotally, from parents' and teachers' reports, the school knows that they

are making a difference in the children that participate in the program from birth. Unfortunately, there is no funding to conduct extensive evaluations on the early childhood component. Page Hilltop is looking forward to the results from the Yale-Bush study that will be available in a few years.

The school would like to offer more services to the birth to 3-year-old population. Right now, the school only has 25 spots available for home visitation for the highest risk parents with 1-3 year olds.

Another goal is to be a federally funded 21st Century Learning Center grant recipient so that they can enhance and expand on their program.

Page Hilltop Family Story

Stacey is the mother of three girls – ages 3, 5, and 7. For a number of years, she lived a few towns away from Ayer, MA, but chose to send her children to Page Hilltop in 1999 because of the Massachusetts Free Choice Act, which allows families to send their children to any school in the state regardless of where they live.

Before she moved to Ayer, Stacey felt that the local preschool was not up to her educational and environmental standards. She felt that her children were not getting enough classroom time to prepare them for school. She wanted more for her girls. Stacey started sending her middle child to Page Hilltop for the kindergarten program. Her daughter now spends 5 days a week at school and she is excited that she is learning a foreign language.

Stacey has found the staff and teachers at Page Hilltop to be very encouraging and helpful. When the teachers at the preschool in her former hometown didn't think Stacey's daughter was prepared for Kindergarten because she was too young, the teachers at Page Hilltop gave her the support and encouragement she needed to make the transition to Kindergarten.

Stacey has now moved to Ayer, MA with her daughters and husband. All three girls are enrolled in Page Hilltop. Her youngest daughter has just started the preschool program, attending 2 days a week and participating in playgroups on the other days. All the girls attend after-school programs with Stacey, which are offered by the Family Partnership program. The children find the program fun and interesting, and Stacey sees her daughters growing developmentally and being better prepared for school than they were in their former school.

Page Hilltop has also helped Stacey and her husband. Stacey's husband has severe epilepsy and needs to be hospitalized for 6 weeks at a time for different procedures. During these times, Page Hilltop staff has supported the family by buying groceries and driving the children to and from school. To help cope with these difficult times, Stacey has also attended parent workshops on stress management and crafts offered by the Page Hilltop program.

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Best Practice Site
PAYNE-PHALEN FAMILY RESOURCE CENTER
St. Paul, MN

“We believe in meeting families where they are, helping them decide where they want to be, and assisting them in meeting their goals.”

Background

The Payne-Phalen Family Resource Center is an urban early childhood program that is one of 2 resource centers in the Saint Paul Public School System. It was developed in response to a Minnesota state initiative to provide comprehensive services to all families, especially those of low income. It grew out of the interest and involvement of community residents and representatives of the Eastside Improvement Coalition who wanted to provide educational services to parents and young children. The Center was initiated as a collaborative program of the Minnesota statewide Early Childhood Family Education (ECFE)* program, the Community Education Department of the Saint Paul Public Schools, the Ramsey County Public Health Nursing Service and the District 5 Planning Council.

Although it is part of the school district, the Center is located in a rented office building within the community of east St. Paul to be more easily accessible to families who might have had negative experiences with the schools. Payne-Phalen is located in a part of the city that has experienced considerable change over the last 10 years due to decreased employment opportunities, a substantial increase in poverty, and a

significant change in cultural diversity, including an influx of families for whom English is not the primary language. Ninety four percent of children in the neighboring elementary school receive free/reduced lunches and 35% are enrolled in English as a Second Language classes.

The Center is a neighborhood-based program that seeks to help low-income parents of young children access systems of support within their neighborhood and community. The program is based on the premise that all parents need information and support as their children grow and develop; however, some parents are more isolated and less likely to seek either informal or formal support from individuals or community programs. With personalized outreach and specially designed program components, parents are more likely to take advantage of parenting programs, educational experiences for their children, and linkages to other resources in the community.

The Center serves one third of St. Paul families with children between birth and age five, providing services to approximately 40% of the population in need. About 100 families are referred to the Center each year by: Ramsey County Public Health Nursing Service, Ramsey County Child Protection Services, school social workers, medical clinics, Early Childhood Special Education, and neighborhood agencies. Each year the Center works with approximately 200 new families and continues to work with another 150 families from previous years. Approximately 160 families participate on a weekly basis in classroom settings, drop-in sessions, and home visitations.

* Early Childhood Family Education (ECFE) is a statewide initiative in Minnesota based on the idea that the family provides a child's first and most important learning environment, and parents are a child's first and most significant teachers. ECFE provides positive parent/child interaction opportunities and classes for parents and their young children from birth to kindergarten. ECFE is not mandatory in Minnesota schools, but is provided by the majority of school districts across the state.

Funding

The Center was initially funded in 1988 by the McKnight Foundation as a three-year demonstration project for ECFE, with continuation funding for two additional years. Funding from the ECFE state initiative was the motivation for establishing the Center's preschool/ school readiness program for 4 year olds in 1992. The project has been able to maintain and expand program operation through grants and support from foundations including: Pillsbury/Grand Metropolitan Food Sector, Saint Paul Companies, Target Stores and the 3M Foundation, and grants from the Children's Trust Fund and the Community Resource Program.

Over the last several years, the project has expanded and diversified its sources of public and private funding. The Saint Paul School District has assumed a larger share of operating costs (approximately two-thirds) through ECFE contributions and payment of rent. The other third is raised through local government and foundation grants. However, a stable on-going source of public funding has not yet been obtained.

As dollars have been shrinking for many non-profits, collaboration efforts have recently been increased to meet the service needs of families. Some of the collaborations include: Eastside Hubb Resource Center (MFIP), Eastside Family Center (part of the Saint Paul/Ramsey county Children's Initiative), Minnesota Humanities Commission (Motherhead), Ramsey County Project HOPE, Ramsey County Public Health Nursing Services, and Phalen Lake Elementary School Title I program.

Programs and Activities

- Home visits by a public health nurse, followed by a trained home visitor, for all newborns and their families. The Center matches their home visitors with the demographics and ethnicity of the neighborhoods they serve. The visits are based on the Cornell University Empowerment Model, offering lessons in infant stimulation and age appropriate toys, answering questions about parenting, and providing baby bags to all parents of newborns. In 1999/2000, approximately 700 home visits were made to families.
- Parenting classes, known as "Teachable Moments" which meet for 16 sessions, once a week, for two hours. During the first half hour, parents and children interact together and then separate into different rooms. The children remain with an early childhood teacher while parents get together to discuss parenting and family issues.
- Family literacy classes follow the same model as the parenting classes, but the educational emphasis is on literacy activities for both parents and children, focusing on child development and parenting issues. English Language Learners (ELL) classes are provided for parents and age appropriate programming for children birth to K for Hmong and Spanish speaking families.
- A drop-in center offers informal "play and learning" experiences for children, and information, support and referrals to community resources for parents.
- Small groups of parents and children meet informally in neighborhood locations close to home, such as a local park, for social support and discussion of parenting concerns.

- Parents are encouraged to participate in Early Childhood Family Education classes, adult education, self-sufficiency projects and other programs and services as appropriate (e.g., Motherread/Fatheread –Minnesota’s state literacy program); ESL/ELL (English Language Learning) classes; groups for single moms or dad
- Early Childhood education classes for ages birth to 5 years offer age appropriate activities and lessons such as, infant stimulation before the age of three and school readiness curriculum for the 3 and 4 year olds which focuses on emotional, social and cognitive development. The program offers classes 2 days a week during the regular school year and 4 days a week during summer.
- Health services include: health developmental screenings for school entry as mandated by the state of Minnesota and referrals for all health needs to the local clinic.
- Referrals are made for all mental health and social services.
- Transportation to the Resource Center is provided to all families within District 5 who need it.

The transition from preschool to kindergarten includes a portfolio for each child, which is made up of work samples and written information about the developmental status of the child, including recommendations for areas needing further work or skill development. This portfolio goes with the child to kindergarten.

Results

Parents are asked to evaluate the program once or twice a year through a satisfaction survey. This also provides an opportunity to request new programs. Over the twelve years, the Family Resource Center has added more classes and group activities such as Family Literacy, School Readiness classes as well as parenting groups in response to changing needs.

The school district records and tracks outcomes for the children in the pre-school program through the 3rd grade. They have found children in the pre-kindergarten program and the school readiness initiative do very well, passing at high levels and showing higher attendance rates. While there has been no formal evaluation by Payne-Phalen, anecdotal reports indicate that some children have been placed in gifted programs due to the school readiness program.

Lessons Learned

Keys to Success:

- Collaborative partnerships are essential for creating new responses to changing family needs. The collaboration with the Ramsey County Public Health Nursing Service provided the initial source of referrals and allowed the program to establish contact with the target group of families with young children. The collaboration with the Payne-Phalen District 5 Council allowed the program to establish strong ties to the neighborhood and community from the beginning.
- The experience of the project has confirmed the value of using home visitors to reach out to high need parents. Families are most likely to become involved in other activities at the

Resource Center after they have developed a trusting relationship with their home visitor. Once this relationship is established, participation in Resource Center activities increases and parents become interested in other ways of becoming involved in community programs such as Early Childhood Family Education, Adult Basic Education and ESL classes.

- Although the program was designed to meet the needs of low-income parents, all families with a child under kindergarten age who live in the Payne-Phalen neighborhood are welcome. With such universal access, different services will be provided to different families based on their individual needs and strengths.
- Hiring paraprofessionals from the community who have had similar life experiences as program participants is very effective in building trust. Programs must respond to changes in the community they are serving. The project increased the cultural and ethnic diversity of the staff during the fourth year in order to more effectively involve the increasingly diverse groups of families with young children living in the neighborhood. Also, while paraprofessionals need specialized training, all staff need continued training.
- Connecting families to services is an important function for a home visitor and the Family Resource Center. In many instances, advocacy is required to assist families in gaining access to programs and services both within the school district and in the community.
- Effective programs evolve and change over time by adding or dropping program

components or services based on the needs of the families they are serving. Over the twelve years, the Family Resource Center has added more classes and group activities such as Family Literacy, School Readiness classes as well as parenting groups.

Challenges:

- The transition from a demonstration project to an on-going child and family program has required changes and adjustments, including:
 - achieving long term funding stability
 - simplifying the referral process to allow for quicker intake
 - providing home visits to families whose initial contact with the program is through drop-in
 - offering more classes and groups to increase the types of educational experiences available to children and families in addition to home visits and drop-in times.

In order to accomplish the latter, more space and staffing is needed so drop-in, home visiting, classes and groups can happen simultaneously. Limited space and staffing has kept the program from reaching its full potential.

- Sometimes there are barriers to overcome when trying to connect with families: language, transportation, basic needs, access, eligibility, crisis, intimidation, literacy and childcare. Payne-Phalen was able to overcome most of these barriers by: hiring staff members who speak 3 different languages to facilitate communication; leasing a van for transportation needs; and acting as an advocate, either in

person or by phone, during crisis situations.

Vision for Growth

ECFE will continue to exist in Minnesota. However, because of its highly individualized program, which includes a large degree of one-on-one contact, the Family Resource Center is an expensive model. The typical ECFE class model uses 1 early childhood teacher with one aide and one parent for approximately 15 adults and 25 children. Classes at the Center use the same staff with about 8 parents and 15 children on average. In addition, home visits take about 2 hours per visit and see one family at a time. The Center's experience over time has shown that low-income families with multiple issues need this type of intensive service in order to make changes in their lives. However, it remains to be seen whether there will be continued public interest in providing services for this population. The Center Director is certain there will always be a demand for their services due to the community's poor housing stock and high mobility rate, as high as 85% in the 3 local schools into which the Center feeds.

Another unknown is how the transition from welfare to work will affect the population the Center works with. There is concern that the families attending the Center will not be available to participate in the programs due to work commitments. If necessary, the Center will change the times it is open to evenings and weekends in order to meet those needs.

Payne- Phalen Family Story

The Johnson Family was referred to Payne-Phalen by a public health nurse in 1989. The mother was a divorced single parent, 32 years old, with some high school education and on AFDC. She had three children: 15 years, 8 years, and 1 year old. They had lived in the neighborhood for over 6 years.

The mother had many strengths and interacted well with her youngest child – for example, following her lead in play. After one year of attendance at Payne-Phalen Family Resource Center, the mother mentioned she had seen an improvement in her child's behavior when she attended classes or visited the Center. She also became worried her youngest child was having some speech problems, so she initiated an Early Childhood Intervention Assessment. The child began attending Early Childhood Special Education through the Saint Paul Public Schools.

The mother had the ability to do well on her own, but being the caretaker for her extended family often brought stress into her family's life in crisis proportion. Sometimes she appeared overwhelmed and then ignored her youngest child. She often needed to talk because she had little interaction with adults. In addition she tried several times to finish her GED, but something always seemed to interfere and she had to postpone finishing.

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Best Practice Site
CHAPEL HILL-CARRBORO SCHOOLS
Chapel Hill, NC

“We envision a strong commitment to our role as advocates for children, families, and agents for positive change.”

Background

The Chapel Hill-Carrboro City Schools PreK/Head Start is a comprehensive program for children and families living in the Chapel Hill-Carrboro City School District, a relatively small district in a suburban area in the southern end of Orange County, North Carolina. The population served by the program is 70% African American and 25% Hispanic. Sixty-five percent of the children in the program receive free and reduced lunches. According to the Director, the catalyst for the program was the recognition that, “We live in a community of haves and have nots and we are seeing huge discrepancies (in academic scores) between the haves and have nots.” The program focuses on early childhood education and enhancing school readiness for three to five year olds.

Head Start began serving the community in 1980. In 1996, when the Head Start grantee decided to devote itself strictly to technical assistance, the School District took over the Head Start contract. At that time, the District made a conscious decision to reduce the fragmentation and increase the coordination of services by creating one Pre-K Division that integrated Head Start, Special Education and tuition paying children under one administrator. All classes are full inclusion (Head Start, Special Education and tuition-paying children are all taught together) with the exception of one self-contained classroom for children with the most severe needs. Teachers work with all the children and have a strong support system.

Creation of the PreK Division has created change at the systems level by making the early education programs an integral part of the elementary schools. All PreK programs, such as literacy, are aligned with the elementary school curriculum and all staff development is coordinated through the District.

The PreK administrative team is located at the school system’s central office. The administrative team works collaboratively to provide services for children and families. The PreK/Head Start team provides support to children and families and to teachers by working closely with school principals, special services, kindergarten teachers and family specialists.

The PreK/Head Start program has 14 classrooms housed in 9 sites, six of which are school-based. The teaching staff all have four-year degrees and are required to either have or be working toward teacher certification for the birth through kindergarten population. The School District helps pay for certification and then pays their certified teachers a higher salary. The Director says she wants the most qualified teachers who can work most effectively with their at risk population.

The comprehensive services for children and families are a result of collaborative efforts between the administrative team, teachers and community resources. For example, the mental health and disabilities services are a collaborative effort between the District’s exceptional education program, community partners and the university. The Orange County Partnership for Young Children

further supports mental health and disabilities through a Smart Start³⁸ grant to provide a mental health and disabilities specialist and crisis aides for the classroom, as well as staff development for staff and families. The program continues to collaborate with the Child Care Services Association and the Department of Social Services to support staff development and continued staff education and to provide assistance to families who need childcare subsidies and workforce development.

The program also works closely with the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill. The Center provides staff development, training (e.g., for parents with special needs children), and is a valuable resource, keeping the program informed about the latest research in child development as well as innovative programs in other parts of the state. The Center also provides feedback to the program as to whether or not they are “on track”. In addition, the program has been involved in many research projects, such as one concerning the quality of parent teacher interaction in which the Center observed the program and then provided feedback.

Funding

³⁸ In July 1993, Smart Start legislation was passed in North Carolina. It authorized creation of a state-level public-private partnership to provide funding and technical assistance to county-level public-private partnerships that would be established to design and implement quality services for children based on community needs. Since its inception, the program has expanded statewide. Local partnership boards assess the needs of children and families in the community, as well as resources and services present to meet those needs. Based on this assessment, a comprehensive plan is developed that integrates existing resources with requested Smart Start funding to create a continuum of services for children ages birth to 5.

Head Start covers 55% of the program’s operating costs. The remaining funds come from tuition, tax revenue, the Exceptional Education Department, Smart Start (for mental health services) and a small amount from Title 6. Overall, the District contributes a small amount, primarily a portion of teachers’ salaries. All payroll is done through the School District. Head Start covers 55% of teachers’ salary and the District makes up the rest. While the Head Start, Special Education and tuition funds are blended to be more effective and efficient, the Director reported that this is a very cumbersome and difficult process given the current reporting requirements.

Programs and Activities

- Extended childcare from 7:30 am – 5:30 pm to meet the needs of Head Start and Special Education families with working parents. The children stay in the same classroom for the full day.
- Preschool/Early Childhood Education for 3-4 year olds. The Creative Curriculum serves as a foundation for the educational program, which is individualized to meet the varying needs of the children and their families and is focused on school readiness.
- Parenting classes
- Referrals for Adult Education
- One full-time nurse provides onsite vision, speech and hearing screenings and immunizations, and referrals for physicals
- Dental screenings and dental services are provided at the local University
- One part-time dietician

- One education specialist
- One mental health/disability specialist
- One mental health/ disability consultant
- One MSW and 2 assistants provide assistance with all social services
- Access to community agency for KIDS SCOPE play therapy program

When the children transition to kindergarten, a plan is created for each child. The family specialist meets with the family specialist of the receiving kindergartens to make the transitions as smooth as possible.

Results

The program works closely with the Frank Porter Graham Child Development Center at the University of North Carolina and has been involved in a number of program evaluations as a result of this collaboration. The Center provides some feedback on the progress of the program's children, however, because it is a small program their children are combined with children from other programs, so they do not get results based solely on their population. There is no longitudinal data to date, but they are currently conducting their first pre and post-test evaluations (from entrance to exit) using the LAP-D, a comprehensive measure of children's cognitive, social, emotional development, as well as their math and literacy skills.

Lessons Learned

Keys to Success:

- Collaboration with schools, community agencies, Special Education and

universities greatly enriches the comprehensiveness and quality of the program they can offer.

- The support of the schools and the school system has been critical for making change at the systems-level and ensuring the quality and sustainability of the program.
- Seeking a variety of funding sources, federal, state and local, expands the services the program can offer.
- Hiring and/or training qualified staff, including certified teachers and trained assistants, and paying them well, results in a higher quality program and lower staff turnover. Providing a strong support system for teachers also increases their job satisfaction and reduces turnover.
- Children and families benefit most from comprehensive services that focus on the whole child, including physical health, mental health, the family and educational needs.
- It is important for parents to have a strong role in the governance of the program to ensure that it meets their needs.

Vision for Growth

The program would like to have 1-2 classrooms in every elementary school that continue to meet the needs of their at-risk learners, including both typically developing learners and atypically developing learners. In addition, they would like to better address the needs of their English as a second language population that is continuing to grow.

Chapel Hill Family Story

A special needs family who lived in poverty in our community with four children and a single Mom entered our program when her son was three. She had a minimum wage job with little flexibility and no benefits. We connected her with childcare providers for her younger child, aftercare services for her older children and provided services for her three year old. Within the first year, the special needs three year old began to blossom develop language, gross and fine motor skills. Toward the end of that year the mother applied for a job as a teacher assistant in our program and started in her first job that provided benefits. She continued to participate in parenting classes and other community programs. She learned to drive a school bus the next year and has been able to couple those services to make more money. This enabled her to provide more for her family and spend more time with them. As the child transitioned into Kindergarten, he made such progress through early intervention that he is functioning with minimal resources.

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Best Practice Site
FAMILY ENRICHMENT CENTER
Kaysville, UT

*“The Davis/Morgan/Summit Early Childhood Program will build a better future
by forming cooperative partnerships with families and communities
to help achieve success for each child and family.”*

Background

The Family Enrichment Center in Kaysville, Utah, serves a combination of suburban and rural school districts in three counties (Davis, Morgan, and Summit). The Center serves forty-five sites total, thirty-three of which are school based. The majority of services are provided in Davis County, which is a highly populated urban county, predominately Caucasian, with a growing Hispanic population. Both Morgan and Summit are rural counties. Of the 2,503 children served by the Center, 54 are from Summit and 5 from Morgan.

The Center’s beginnings date back to 1965 when Head Start was established within the Davis School District. Initially, Head Start was run by the local Community Action Agency; however, in the late 1960’s, the School District took over the Head Start contract. In 1991, preschool Special Education was initiated in the District. At that time, District preschool services were fragmented and being handled by different people doing different things.

Then, in 1994, the current Center director, who has been with the program for 25 years, and the Assistant Superintendent of the Davis School District participated in the Head Start-Johnson and Johnson Management Fellows Program on early childhood education at the UCLA Anderson School of Management. As a result of this experience, the Assistant Superintendent recognized the importance of early childhood education and decided that in order to truly meet the educational needs of

young children, the Davis School District needed to reduce fragmentation and make services more accessible to families.

She began the process of systems change at the district level to increase the comprehensiveness and coordination of early childhood services. She created a separate Early Childhood Education Department within the school district to “meet the different learning needs of our littlest population”, to provide continuity of services and to make it easier for parents, teachers, and community agencies to access early childhood programs. In other words, “parents can call one number and get all of the services and information they need”.

Currently, Davis is the only district in the state of Utah that has an Early Childhood Education Department and one of the few Utah school districts that has IDEA Part C (Special Education) and Early Head Start. In addition, creating an Early Childhood Education Department facilitated the integration of The Family Enrichment Center into the schools, thereby increasing its ability to reach a greater number of children and to foster integration and comprehensive services within the community. As an example of integration, new elementary schools are now being built with pre-kindergarten classrooms.

The Family Enrichment Center’s central office is located about 5 miles from the district Office of Education. The Center offers all the services provided by the program and houses four preschool

classrooms. Additional extension sites are spread throughout the District.

The current Director of the program credits the program's innovativeness to the fact that "our leadership feels that we need to do all that we can for these children. They feel that the prevention piece is important, especially with the Spanish speaking population." She explains, "Our School District looks at the needs of all children and finds a way to meet those needs."

The Center has numerous partners that provide a comprehensive set of services to the preschool population, including: the Davis County School District, Head Start, the Davis County Health and Mental Health Departments, the Davis County Family Advocate Program, Davis County Department of Child and Family Services, Weber State University, Community Child Care Centers, among others. The commitment of the program to continually modify and expand their services to meet the needs of all children in the District is demonstrated by their willingness to develop new partnerships to further integrate services. Most recently, they began collaborating with the Utah School for the Deaf/Early Childhood Programs. The partnership allows them to provide a half time deaf educator for preschool deaf children whose parents have chosen oral communication.

Funding

The Family Enrichment Center operates without any funding from the State of Utah. All funds come from Head Start, Preschool Special Education, Early Head Start, Early Intervention (IDEA Part C), and Preschool tuition. The program uses innovative funding strategies to get the most "bang for their buck". For example, all of the

management staff, as well as some teachers, are paid by multiple funding sources. Blended funding allows them to maximize the use of each funding source, while coordinating services means that the program can be more responsive to the individual needs of children.

Programs and Activities

The Family Enrichment Center offers:

- Home visits
- Childcare for 0-4 year olds, which is either home based or part day/full day at community childcare centers
- An infant and toddler program for 0-3 year olds
- Mommy and Me classes
- Full inclusion preschool for 3-4 year olds
- Early intervention for pregnant teens and Head Start for Young Parents while they attend school
- Onsite parenting education resource center which includes a lending library and classes 3-4 times per week, both daytime and evening
- Adult education (GED, ESL, educational materials and referrals)
- On-site health services provided by 3 nurses, 1 pre-natal educator, and 1 health coordinator include: vision, speech and hearing screenings, and physicals and immunizations (for some children)
- Full time on-site Licensed Clinical Social Worker serves as a mental health consultant for observation, therapy,

mental health groups and family counseling

- Referrals for other health care and dental needs
- Referrals to WIC
- Assistance with all social services and housing needs coordinated by family advocates

The Family Enrichment Center is a full inclusion program; that is, all classrooms are a combination of Head Start, Special Education, and tuition-paying children. When they enter the program, all children undergo an initial assessment. Based on that assessment a developmental plan is established to set goals for the child. Throughout the year, the child, parents and teachers keep track of the child's progress in their "portfolio". The portfolio is then used to evaluate the child's progress and to transition the child from preschool to kindergarten. A great deal of attention is given to creating smooth transitions.

The program encourages parents to volunteer and attend workshops and parenting classes. Parents also participate on planning groups for the program, partner agency boards and committees.

Results

The Family Enrichment Center completes annual self-evaluations in which they receive feedback from parents, teachers, and community agencies. They are currently looking into ways to do longitudinal evaluations of the children they serve.

Lessons Learned

Keys to Success:

- A leader must provide a framework for change and be passionate and unyielding because the obstacles are great.
- A successful program must have buy-in from the staff and Superintendent.
- Give everyone involved (teachers, community members, etc.) as much information as possible as you go through the [change] process. Keep everyone informed.
- Leadership is more effective if it is flexible and aware. While an idea might sound good in theory, it may need to be modified in reality. Be willing to say, "It's not a mistake, it's growth".
- Remember that you are working towards a common goal: providing better services for children.
- "[Our program is successful because] we are continually evolving and because we are working together".

Challenges:

- Change takes time (at least 3-5 years). It's difficult. It's painful, and ... You have to be thick skinned [because there is resistance to change].

Vision for Growth

The Center currently serves two-thirds of the schools in the District. In 10 years, they would like to have a preschool in every elementary school and would like to see preschool children be as much a part of elementary schools as kindergartners are now.

Family Enrichment Center Family Story

The following is a letter received from a parent whose family had participated in the Family Enrichment Center's program:

In 1986, my daughter Amy started going to Head Start. I felt she needed some social contact out of the home environment. I didn't know at that time it would change my life. When I approached Head Start I was told that there were two programs that she could go into, in-school or home base. Home base is where the teacher comes into your home once a week. The teacher and parent work together on skills that the child needs to work on. They work together on social skills and academic skills. The teacher helps the parent learn to teach things at home with the child. This brought Amy and I a lot closer. The impact it had on Amy was incredible. She loved the contact with her teacher and it was so much fun working together. [The teacher] came into our home once a week for nine months. It was also an experience that the whole family became involved with. I was able to teach the things that she taught me to Amy and the rest of the family.

At that point in my life I was a scared and timid mom. I was not sure that I was doing anything right. [The teacher] gained my confidence little bit by little bit. I was able to confide in her things that no one else knew about my family. In our home there was a lot of mental and physical abuse from my husband. Week after week I would be able to confide just a little bit more. Talking to her every week was a real boost to my self-esteem. She was always reminding me that I was a good person and a great mom. She talked with me about how every person has human rights. At that point in my life that was one thing I did not think I had. I was convinced that my life was going to be this unhappy and that nothing would change. Amy graduated from the program ready for kindergarten. She was the first one of my five children that I knew was ready. Her teacher had given her the excitement of learning.

Joshua had turned four the year Amy graduated and he could now attend Head Start. Joshua was different from Amy. He is a very hyperactive child. Miss Barbara knew this and geared his learning experience to his level. At this time in our life things at the house were getting really abusive. I was without a car most of the day. My husband would take the care so that I could not leave the house. Joshua's teacher could see how much we needed to get away from the house. Sometimes she would take us over to the park. Joshua loved going to the park, he could run and play until our time with his teacher was over. Miss Barbara knew that Joshua needed a lot of exercise and she played games with him as a learning experience. He grew as only Joshua could. He had a good foundation for school. He had a teacher who worked with his abilities not his disabilities. She taught me how to work with Joshua to build his self-esteem. After Joshua graduated from Head Start things at home got really bad. I had been told that I had rights just like everyone else, and that mental and physical abuse was going to eventually hurt my family. I decided to take [the teacher's] advice and seek a marriage counselor for me and my husband. After several months of counseling I knew my husband's attitude toward me and the children was not going to change. A divorce was in our future. I had been given the foundation to help myself become a better person and I knew I could do it. I have made a lot of changes in my life since then. I divorced my husband and broke away from the cycle of abuse. I feel without the foundation that I received in Head Start I would not of had the courage to stop this cycle.

In 1990 my last child attended Head Start. Tyler attended the in-school program. He really enjoyed his teacher. When Tyler started school, I started at Weber State University. In my marriage, my husband had told me repeatedly how stupid I was. For ten years those words rang in my ears. I was now able to push away from that fear and put my life in perspective. When Tyler was in Head Start he was also in their day care program after school. It seems like Head Start is always there when people needed the help. Even now, when we pass his old school he will start talking about his teacher and the wonderful friends. Time passes so quickly. In 1995 I will graduate from Weber State University. I have now remarried and I am enjoying a very special marriage. Words can never say what is truly in my heart. Head Start gave me the confidence and the courage to pull my life together and make it what it is today.

Thank you,
Old Head Start Parent

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Lessons Learned

1. Champions are essential.

This type of change process takes time and persistence and benefits from leaders, such as superintendents, principals and/or program directors, who have the vision and the ability to communicate that vision effectively. Leaders must be capable of understanding and working with potential resistance to change among teachers, administrators, and community providers. Superintendents or school board members can be particularly effective because they have the ability to champion needed changes in school district policy and to re-deploy funding, and to mobilize the community at large. Leadership and collaboration at the state level can also be important to create the motivation for systems change and legislation for funding allocation or redeployment of resources.

2. Collaboration and partnership with key individuals and community-based organizations makes it possible to provide a comprehensive array of services.

Collaborating and partnering with providers and programs that already exist in the community seems to be another key ingredient in successful school-based early childhood programs. An inclusive planning process in which the views and experiences of these community members and groups are recognized and represented ensures buy-in from a large number of individuals and organizations. It also builds on the available community assets and the expertise these individuals and community-based organizations have gained from years of working with families in the community. Moreover, a planning process that facilitates the participation of these individuals and organizations will minimize the duplication of services and result in a coordinated, efficient system of care. Parents, health and mental health care organizations, public health departments, local hospitals, neighborhood clinics, dentists, private physicians, local human and social service agencies, family resource centers, local colleges, existing preschool programs and both center- and home-based child care providers are just some of the potential partners planners should involve early on and throughout the planning and implementation process. It is important for school districts to understand that not all funding or program/service provision has to come from the schools themselves, and that through strategic partnership, resources can be leveraged. When it comes time to actually implement school-based early childhood programs, critical details such as whether and how information, funding, space and staff will be shared needs to be worked out so that the nature of the partnership is clear to everyone involved.

3. Communication is critical and needs to be thoughtfully planned.

Sharing knowledge, information, and aspirations in an effective and meaningful way is challenging in a collaborative partnership among schools, parents, community partners, policy makers and others. Unless specifically addressed, clear and efficient communication will not occur. Partners need to make sure that the language used is understood and spoken by all. Too often, professionals speak in acronyms and terminology specific to their disciplines (educator-speak). This can hamper communication with parents and other partners.

4. Relationship building is the foundation for creating effective and sustainable collaborations.

Building and supporting relationships must be part of all planning aspects and program processes, and occurs at all levels of infrastructure development. Relationship building begins at the most fundamental level with parenting education to support effective interactions between parents and children. From there, it branches out to the creation of partnerships between educators and parents to support the learning and social/emotional development of children. Going a step further to create a new system for children 0-5 means building relationships among agencies and organizations, from school systems to county agencies, and with other public and private partners. The creation of a new system of relationships involves engaging in new activities and expanding familiar boundaries. Key to the system's success is the personal one-to-one interaction among individuals representing different organizations and entities. The healthy development of these relationships fosters trust and the willingness to take advantage of new opportunities. Strong relationships create an energy and determination needed to successfully develop a system of support for our youngest citizens.

5. An effective program responds to local needs and priorities.

In order to best serve the communities in which they are located, schools cannot create early childhood programs based solely on models that have worked in other areas. Rather, the needs and nature of the target population is an essential consideration in determining which programs and services will be effective and which stakeholders ought to participate in the process. For example, the needs of a large, urban, non-English speaking population will differ significantly from the needs of a small, rural community. A thorough needs and asset assessment will be an important first step and will be part of an ongoing process of ensuring that school-based early childhood programs are responsive to community needs and relevant to the communities they are intended to serve. Needs and assets assessments conducted in conjunction with community organizations and practitioners that currently serve families are more likely to reach the target population and accurately reflect its strengths, needs and preferences.

6. A comprehensive program will target the whole family.

The research literature documents that improving child outcomes depends on improving parents' overall health and well-being, their parenting practices, and supporting family functioning.³⁹ Programs targeting the development of the youngest children are necessarily more parent-oriented.⁴⁰ Therefore, successful school-based programs will not simply provide childcare and early childhood education to young children, but will engage, support and expand educational opportunities for their parents and families as well.

³⁹ Brooks-Gunn, J, Berlin LJ, Fuligni AS. (2000) "Early Childhood Intervention Programs: What About the Family?" In *Handbook of Early Childhood Intervention*. JP Shonkoff and SJ Meisels (eds.) New York: Cambridge University Press.

⁴⁰ McCain MN and Mustard JF (1999). *The Early Years Report. Reversing the Real Brain Drain*. Toronto, ON: Ontario Children's Secretariat.

7. Systems change at the district level reduces fragmentation and improves coordination and comprehensiveness of services and programs.

A district wide strategic plan for early childhood programs greatly improves the chances for program integration, thereby reducing fragmentation and overlap that often occurs when early childhood programs are dealt with school by school, program by program. District-wide strategies also facilitate the development of funding sources that utilize the fiscal and administrative capacity of the school district, capacities that most school sites do not have. A district superintendent can facilitate systemic changes in infrastructure that can maximize the effectiveness of programs and leverage funding to meet the needs of the greatest number of children and families. A superintendent or school board can assist with the realignment of school district divisions, creating an early childhood consortium that integrates child development, pre-school, parenting and adult education, and health and human services.

8. Systems change at the district level must also influence the culture of individual schools.

Leadership at the district level and training for principals and other school leaders must be provided in order to shift the vision from a broad K-12 focus to a developmentally focused approach that optimizes school readiness and school achievement trajectories. Part of this training will involve promoting the understanding that enhancing school readiness for young children has a direct impact on later academic achievement. There also must be support for identifying needs in particular communities and building capacity over time. The concept of "Learning Supports" needs to be made a priority for school leadership across all ages starting with the very youngest children. Learning Supports⁴¹ focus on expanding the roles of schools to address a broader range of barriers to learning that children encounter. Principals must also have the ability to secure additional support and funding so that they do not perceive this as another responsibility added to their already over-flowing plates, without the infrastructure to support it.

9. Accessing multiple funding sources and using innovative financing strategies such as blended funding, improves programmatic flexibility and quality, but there is a need for less burdensome approaches.

Funds used to support State preschool, childcare and programs such as Head Start, are often categorical in nature, offering states and localities little or no flexibility in how they are to be spent.^{42 43} Tracking these expenditures and fulfilling the various accounting requirements of the numerous federal and state agencies that provide these funds presents a significant challenge to schools reaching back to young children. Therefore, an important goal of a careful and thorough planning process should be to identify and implement simplified funding strategies. An example of such a strategy is the creation of a master account that includes funds from all the various state and federal sources blended together, which then are used for staff, space and service expenses.

⁴¹ Adelman HS and Taylor L (1999) *Addressing barriers to student learning: Systemic changes at all levels*. Theme issues. Reading and Writing Quarterly. 15(4):251-254.

⁴² Hayes, C, Lipoff, E, Danegger, A (1995) *Compendium of Comprehensive Community-based Initiatives: A Look at Cost, Benefits, and Financing Strategies*. Washington, DC: The Finance Project.

⁴³ Hayes, C (2000) *Financing Early Childhood Initiatives: Making the Most of Proposition 10*, in N Halfon, E Shulman, M Shannon and M Hochstein, (eds.), *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities.

Such a master account can be facilitated by creating a master contract with relevant state and county agencies. The type and number of partners involved will be an important consideration in determining which funding scheme will be best suited to a particular site. Several recent reports suggest mechanisms to accomplish this goal and funding streams that can help finance these programs.⁴⁴

10. Paying teachers well makes a difference.

Some best practice sites also indicated that they addressed the system-wide problem of teacher retention by paying their teachers the best rate for early childhood educators in their area. For some sites, this meant paying them at a rate comparable to educators in the K-12 system. When teachers identify why they leave early childhood development or pre-school teaching, most indicate that it is for more pay and additional benefits. In some cases teachers leave the early childhood field to work for the better paying K-12 system once they have completed their credential requirements. The concern over teacher pay for early childhood education is symptomatic of the low rate of pay for most jobs/positions in the early childhood field. This has led to high turnover rates for employees in the field in general, and has had a great impact on both quality of service and program sustainability.

11. State support makes a difference.

The information provided by the best practice sites indicated that for some sites, the state mandates for early childhood services and programs was the impetus for their school district to develop early childhood programs. It was particularly effective when funding was allocated or used as an incentive for district engagement in services for children 0-5 and their families. New funds or the reallocation of existing funds support program implementation and sustainability. In California, the State Prop 10 Commission and California Department of Education are actively working to create similar incentives. This process should be encouraged and connected to local efforts.

12. Most programs would like to conduct more rigorous evaluations but lack the funds to do so.

Most of the funding streams that sites used to provide services and programs for the birth to five population, had little or no funding in their budgets for evaluation. Schools generally are so engaged in providing services that unless there are dedicated funds or a partner willing to underwrite or provide evaluation services, it gets left in the "would do if we had the time or money" category. Since evaluation data can be important for making the case that programs are having an impact, and should be supported or increased, the lack of evaluation can pose a liability to programs that are vying for competing funds. Sites that did evaluation reported that their partners at institutes of higher education provided evaluation or included the school/district in a funded evaluation study.

⁴⁴ Halfon, NH et al.. (in press) *Schools, Counties and Proposition 10: A New Partnership for Early Childhood Supports in California, Financing Considerations*. UCLA Center for Healthier Children, Families and Communities.

Conclusion

The potential is great for schools and school districts to "reach back to provide a brighter future" for young children, but in practice their ability to realize this potential will emerge along a continuum of development. As evidenced in the sites we studied, from district to district and school to school, there are differing abilities to provide space and infrastructure. In addition, the vision for a comprehensive school readiness component will range from a fully integrated comprehensive on-site service and program delivery system, to schools with some basic programs and strong partnerships with community-based providers for additional services and programs.

At a minimum, schools in the future should be built with facilities that enable them to provide "pre-school" classes and parent education and outreach. Ideally, the state would provide funding to create universal pre-school for all of California's children. The state will also need to provide leadership for a common definition of school readiness and an assessment tool that could be used by a variety of providers to assess children's development, including significant benchmarks of "school readiness" from birth to school entry.

In addition to preschool and parent education, schools further along the continuum (Figure 2) would include programs such as Early Family Literacy, for children younger than the traditional "pre-school" target group and their parents. They would also provide access or referral to health and social services for families with young children. Districts/schools at this intermediate stage would engage in outreach to parents and center- and home-based childcare providers, providing resources for enhancing school readiness in these settings. Schools would also serve as a resource to other services for the birth to five population.

Schools and districts in the later stages of the continuum (Figure 3) would have facilities and infrastructure to provide services directly to children from birth to age 5 and their families. These services would include child development and parenting classes for parent and childcare providers, some on-site Early Family Literacy classes, health and social services, and a Family Resource Center. The school could become the "hub" for outreach and training for all early childhood activities in the community.

Schools serving as "hubs" for early childhood activities could start by offering combined training for early childhood educators from school districts, Head Start sites, State pre-school programs, and private pre-schools. Shared training and assessment tools could greatly enhance the cohesiveness and consistency of programs offered by different providers and provide for a systematic "hand-off" of children from any early childhood program to schools receiving kindergarten students. In addition, schools and school districts could provide school readiness resources to partners. These might include space (during "off-school" hours in many cases), expertise in learning dynamics, and technological support, with the potential for expanding existing student information systems. Information systems are an important component of these initiatives, given how many sites in this study had difficulty with evaluation and accountability.

While this report focuses on schools as the platform for these integrated, comprehensive, early childhood services, we recognize that schools are one of a number of potential platforms

for early care and education, which might also include birthing hospitals, or community-based organizations, such as child care centers or family resource centers. The role of the school can vary from provider of services to convener of partners in a collaborative system. It will be a challenge to engage school districts and schools in this larger effort to create a system of support for school readiness without making the system “educentric”, but rather a community-based effort with schools providing a mechanism to convene various partners to better meet the needs of young children and their families.

A potential limitation of current and future school-based early childhood education programs is the tendency to “push down” educational practices to younger and younger children. With the emphasis on accountability, as schools provide more preschool opportunities, there can be pressure to test young children in formats that are potentially inappropriate for them. Leaders in the early education field need to clearly articulate the developmental range of young children and ensure the developmentally appropriate format is used for these efforts.

Another challenge is that many schools will understand the rationale for providing early care and education services to 3-4 year olds; however, it may be harder for them to understand the importance for school readiness and of appropriate developmental experiences for parents and children between birth and 3 years old. The danger is that the birth-to-three population will be ignored and system change efforts will focus only on the preschool ages (3-4 year olds). School-based school readiness initiatives must be sure this youngest group is included in their comprehensive programs and services or through linkages to community partners that may be better equipped to offer more intensive programs to younger children and their parents. Several programs highlighted here are moving in this direction.

Another challenge will be to “market” schools as a place that parents, childcare providers, and other early childhood service providers feel welcome and connected to. At either the state or district level, a strategic communications campaign could create the awareness of programs and services for children birth to five offered by the schools or school districts and demonstrate the schools willingness and interest in serving this population. However, communicating the promise needs to be supported by real change in this direction. Additional efforts will need to be made to address parents or child care providers concerns and to create a positive perception about schools and their ability to provide services to young children and their families. Such an effort could highlight successful programs such as Healthy Start, school-based Head Start programs and other such initiatives.

A final challenge will be reaching out to parents with children under 5 who do not have school age children and are therefore not connected to the school system; to in-home and center-based childcare providers; and to private pre-school educators. This can be done by accessing a childcare provider network if it exists in the community, conducting outreach at faith-based organizations, health centers and WIC sites, or other community sites, in order to provide information to parents and childcare providers about the early childhood programs offered by the school and community.

School district leadership and school principals will need strong support and leadership training regarding systems change in order for them to be effective partners in the expansion, and

in some cases creation of, a system for children 0-5 and their parents. Helping to foster such leadership will be an important component of school-based early childhood initiatives.

Our review of these innovative school districts and schools from across the United States gives every indication that creating school-based comprehensive early childhood programs is not only feasible, but becoming a key activity in many school districts in different parts of the country. Despite the fact that none of the sites had conducted longitudinal evaluations, they all shared anecdotal evidence about the positive impact of their programs on school readiness. As more schools and communities collaborate to create school readiness programs, the lessons learned from these path-breaking efforts should serve as a touchstone for these new activities.

Compendium of Sites

Contact:

Gloria Chee, Coordinator
P.O. Box 310
Winslow, AZ 86047
(520) 526-2068

Population Served:

Rural community
100% Native American
100% free and reduced lunch
Early Childhood Population: 10

Program Configuration: Single site

Services Offered

- Home-based preschool (0-3 year olds)
- School-based preschool 8am-3pm (3-5 year olds)
- Parenting Classes
- Adult Education: ESL/GED
- On site clinic that provides physicals, immunizations, vision, speech, and hearing screenings
- Referral to Indian Health Services for dental care and mental health needs
- WIC on site once or twice a month
- Social Worker on site once or twice a month to assist with welfare and health insurance applications

Partners

- Bureau of Indian Affairs
- Indian Health Services
- WIC

Role of School

- School provides teachers, space, and utilities

Parental Involvement

- Required to participate in the program with child

Funding Sources

- Bureau of Indian Affairs: Families And Children Education (FACE) program

History

- Program founded in 1992 by Dr. Mark Sorensen, the current Director.

Program Evaluation

- Bureau of Indian Affairs evaluates program annually
- Parents evaluate program annually

Contact:

Shirley Scott, Program Director
Mississippi County Head Start Program
2511 Atlanta
Blytheville, AR 72315
(870) 532-9577

Population Served:

Rural community (4 districts in one county)
Ranges from 85% African American to 99%
Caucasian in different districts
Primarily low income families
Early Childhood Population: 942

Program Configuration: 16 sites

Services Offered

- Wrap-around childcare services 6am- 6pm
- Preschool/ Early Childhood Education (6 weeks to 5 years old)
- Adult Education classes
- 2 family resource centers
- Parent activity and information center
- 1 Registered nurse for 16 sites provides on-site vision, health and dental screenings, well child/baby visits and check-ups
- Mental health staff provides classroom observations and group counseling
- On-site Family and Community Department helps with all aspects of social services

Partners

- Head Start/Early Head Start Focus Program
- South Mississippi County Public School
- Mississippi County Community College
- Cotton Bowl Technical Institute
- Mississippi County Health Department
- Mississippi County Adult Literacy
- Crowley Ridge Girl Scout Association
- Mississippi County Child Support Enforcement
- Mississippi County Arkansas EOC

Role of School

- 1 of the 16 sites is on school grounds, 2 sites owned by school district
- School district provides space, staff, maintenance

- 25% of staff funding at 1 site

Parental Involvement

- Participate in advisory committees
- Volunteer
- Participate on Head Start Policy Council

Funding Sources

- Head Start
- Migrant Head Start
- Early Head Start
- Temporary Employment Assistance Coalition funds
- Arkansas Better Chance funds
- Specialized state childcare contract funds
- America Reads

History

- Started in 1965 as a summer program for preschool children
- Became a year round program in 1969
- Private facilities built due to lack of space for preschool in public schools
- Started wrap-around care in 1992

Program Evaluation

- Progress reports conducted 3 times per year to assess children's school readiness skills
- Annual federal reviews as well as state of Arkansas reviews
- Parents evaluate program

Contact:

Vicki Shelby, Director
427 E. Poplar St.
Paragould, AR 72450
(870) 236-8064

Population Served:

Rural community
99% Caucasian, 1% Other
25% free or reduced lunch
Early Childhood Population: 140

Program Configuration: Single site

Services Offered

- Childcare 6am - 12am (0-5 year olds)
- Preschool/Early Childhood Education
- Home Instruction Program for Preschool Youngsters (HIPPY)
- Parenting Classes
- Referrals for Adult Education: ESL/GED
- Immunizations and vision, speech, and hearing screenings
- EPSDT screenings
- Contract out to therapists within the community who observe classroom
- Assistance with Welfare applications
- Referrals for children's health insurance and WIC

Partners

- Yale University
- Paragould School District
- Parents as Teachers Program
- Division of Childcare and Early Childhood Education, Dept. of Human Services
- Local high school and University
- Step Ahead: provides referrals within the community
- Partners in Education: uses industries in the community to donate various products
- Federal Child Nutrition Program

- Welfare Reform Coalition
- Health Department

Role of School

- District provides space, maintenance and some utilities

Parental Involvement

- Attend parent meetings
- Participate in Advisory Council Meeting twice a year

Funding Sources

- Specialized Childcare Grant
- Department of Human Services
- State Department of Education
- Division of Childcare and Early Childhood Education Nutrition grant
- Arkansas Better Chance Grant
- Title I
- Infant and Toddler Quality Initiative Act

History

- Program began in 1992

Program Evaluation

- Monthly reports to School Board
- Parents evaluate program

Contact:

Linda Hudson, Director
2000 24th St.
Bakersfield, CA 93301
(661) 835-7607

Population Served:

Rural Community
68% Hispanic, 21% Caucasian, 9% African
American, 2% Asian
88% free or reduced lunch
Early Childhood Population: 1,200

Program Configuration: 16 sites

Services Offered

- Childcare 5:30am-6:00pm (2-4 year olds)
- Preschool/ Early Education Development program (2 - 4 year olds)
- Parenting workshops
- Referrals for Adult Education
- 1 full time nurse, 1 part time nurse and 1 health aide provide health, vision and dental screenings for 16 sites
- Referrals for immunizations and dental care
- Periodic on-site assistance with Welfare and health insurance applications

Partners

- Community Connections for Childcare
- Proposition 10 Commission
- Housing Authority
- Local businesses
- Local ONE STOP
- Fire Department
- Pacific Gas and Electric Company
- Parent Advisory Councils

Role of School

- County Superintendent of Schools provides staff and maintenance

- County Superintendent of Schools is fiscal agent

Parental Involvement

- Required to volunteer 2 times a month for children enrolled through State-preschool program
- Play an advisory role
- Organize and run fundraisers
- Regularly support each other by providing assistance in various areas

Funding Sources

- State Department of Education

History

- Started in Wasco in the mid 1960's
- Many of the staff have been there for over 20 years and have established strong community support

Program Evaluation

- Annual self assessment, including input from staff and parents
- Parents evaluate program annually

Contact:

Carol Valentine, Early Childhood Director
Los Angeles Unified School District
4811 Elizabeth St.
Cudahy, CA 90201

Population Served:

Urban community
99% Latino, 1% Other
100% free or reduced lunch
Early Childhood Population: 500

Program Configuration: Single site

Services Offered

- Full-time childcare (0-5 years olds)
- Early Childhood Education (0-5 years olds)
- Parenting classes
- Mommy and Me classes
- Adult Education Classes: ESL/GED
- On-site family resource center
- Family Literacy classes
- Health Education classes
- Health Clinic: 1 Nurse Practitioner, 1 Registered Nurse, and rotating physicians
- On-site dental screenings
- 1 psychologist and 1 social worker provide on-site counseling and support groups for children and families
- Referrals for all social services
- Legal Services for families

Partners

- Head Start
- State Preschool
- Los Angeles Unified Adult School
- WIC
- LA County Office of Education
- St. Francis Medical Center
- CA State University Dominguez Hills
- UCLA
- Cal State LA
- Bell Cluster Healthy Start

Role of School/District

- Provides space, utilities, and maintenance

- Provides 4 teachers, 4 aides, and one classroom

Parental Involvement

- Required to volunteer
- Provide 1,000 hours of service per month
- Participate on advisory board and decision making bodies
- Recruited for community projects
- Teach 2 adult classes
- Request training for subjects and leadership programs

Funding Sources

- Head Start
- Title 1
- Bilingual funds
- Learn School funds (LAUSD)
- State Preschool funds
- School Integration Funding
- St. Francis Medical Center
- Toyota Foundation
- Bell Cluster Healthy Start
- Parent fee - \$1 per day for childcare

History

- Started as the first Urban Learning Center for Los Angeles in 1992
- Developed in response to former President Bush's corporation proposal, New American Schools Development Corporation
- Now a full service school for 3,000 PreK – 12th grade students and families

Contact:

Lynn Lucas, Executive Director
El Dorado County Office of Education
6767 Green Valley Road
Placerville, CA 95667
(530) 622-7130 ext. 279

Population Served:

Rural community
57% Caucasian, 33% Latino, 8% Native
American, 2% Other
85% free or reduced lunch
Early Childhood Population: 850

Program Configuration: 11 Sites

Services Offered

- Home visits: health education, parent education, and child development
- Full-time childcare (0-5 year olds)
- Part-day Early Childhood Education (0-5 year olds)
- Parenting classes
- Referral for Adult Education classes
- On-site full time Registered Nurse and medical technicians provide immunizations, well child visits, physicals, vision, health care, and hearing screenings
- On-site dental exams
- On-site mental health consultants for classroom observations and family rap groups
- On-site family community worker for social services assistance
- Referrals to Department of Social Services for welfare assistance

Partners

- Head Start
- Early Head Start
- State Preschool
- County Department of Education General Childcare
- School-aged Childcare
- Local businesses
- Local community colleges
- Sacramento State College
- State Departments of Health, Mental Health, and Social Services

- Local Resource and Referral Agency
- Child Health Detection and Prevention

Role of School/District

- Provides classrooms and staff

Parental Involvement

- Serve on Proposition 10 Task Force
- Make up 51% of Policy Council
- Donate materials to classrooms
- Volunteer

Funding Sources

- Head Start
- Early Head Start
- California Department of Education - Child Development Division
- In-kind donations
- Parent fees

History

- Started with Head Start in 1965
- County Department of Education General Childcare started in 1973
- State Preschool started in 1986
- Early Head Start started in 1995

Program Evaluation

- Conduct self reviews
- Conduct evaluations for funders
- Parents, staff and community evaluate program annually

Contact:

Teresa Weissglass, Director
Maureen Earls, Administrator of Child Development
720 Santa Barbara St.
Santa Barbara, CA 93101
(805) 963-4331

Population Served:

Suburban community
90% Hispanic, 7% Caucasian, 3% African American, 2% Other
90-95% free or reduced lunch
Early Childhood Population: 500

Program Configuration: 14 sites

Services Offered

- Linked to full time and part-time childcare (0-5 year olds)
- Preschool/Early Childhood Education (0-5 year olds)
- Parenting classes and workshops
- Mommy and Me Classes
- Take-home Educational Kits for parent and child time together that address specific developmental activities
- Referral for Adult Education: ESL/GED
- On-site vision, speech, hearing, and dental screenings
- Referrals for immunizations
- Mental health referrals, assistance, and observation
- Family advocates for assistance with accessing health and social services

Partners

- Healthy Start Collaborative
- Santa Barbara School District
- Child Development Program
- Public Health Department
- Santa Barbara Neighborhood Clinics
- Family Service Agency of Santa Barbara
- City of Santa Barbara Public Library
- Santa Barbara City College Continuing Education
- Proposition 10 Commission

Role of School

- School District acts as the fiscal agent
- School District provides 13 portables, 2 off-school sites and 2 classrooms
- School District provides administrative support

Parental Involvement

- Required to volunteer in the classroom or participate in educational activities with children at home
- Serve on parent advisory board
- Assemble and demonstrate how to use educational kits

Funding Sources

- California Department of Education
- Proposition 10 funding

History

- Child development program started in 1934
- The Healthy Start Collaborative started serving families in 1992
- Early Childhood component (0-5 year olds) started in 2000

Program Evaluation

- Evaluation by the University of California, Santa Barbara
- Parents evaluate program annually

Contact:

Georgene Lowe, Director
P.O. Box 1677
Santa Ynez, CA 93460
(805) 688-2880

Population Served:

Rural community
53% Hispanic, 44% Caucasian, 3% Other
100 % free or reduced lunch
Early Childhood Population: 78

Program Configuration: 5 sites

Services Offered

- Full-time and part-time childcare (3-5 year olds)
- Preschool/Early Childhood Education (3-5 year olds)
- Parenting Classes
- Mommy and Me Classes
- Adult Education: ESL/GED
- Home-based reading tutorial
- 1 registered nurse and 5 school nurses provide immunizations, vision, speech, and hearing screening
- Dental screenings and sealants
- Mental Health observation, assessment, and treatment
- Five family advocates for assistance with all social services
- Door-to-door transportation as needed

Partners

- 5 School Districts
- People Helping People
- Family Preservation Support Program
- Proposition 10 Commission
- California Department of Education
- Santa Barbara County Department of Human Services
- Santa Ynez Valley Foundation
- Child Protective Services
- Adult Protective Services
- Tribal Health Care Services
- Head Start
- TANNIS
- YMCA
- Arts Outreach
- City of Solvang Chamber of Commerce
- City of Buellton Chamber of Commerce
- Department of Social Services
- County Department of Health Services

- Local high school
- Solvang Sheriff Department
- Local church-based preschools and privately run preschools
- Allen Hancock Community College
- Reading Quest Home Based Tutorial
- Santa Ynez Valley Collaborative

Role of School

- School District provides space, maintenance, and utilities

Parental Involvement

- Encouraged to volunteer
- Members of Healthy Start Collaborative
- Serve on Steering Committee

Funding Sources

- California Department of Education Healthy Start Grant
- State Preschool
- Proposition 10 Commission
- Family Preservation Support Program
- Santa Barbara County Department of Human Services
- School District Safe Schools Program
- Santa Ynez Foundation
- People Helping People: In-kind donations

History

- Healthy Start program founded in 1999
- Added Early Childhood Education and Care in Fall 2000
- Currently establishing a new site at the local high school

Program Evaluation

- Healthy Start evaluates program annually
- Parents evaluate program annually

Contact:

Sharon Galey, Coordinator
315 West 6th St.
Leadville, CO. 80461
(719) 486-6925

Population Served:

Rural community
50% Hispanic, 49% Caucasian, 1% Other
68% free or reduced lunch.
Early Childhood Population: 125

Program Configuration: Single site

Services Offered

- Bright Beginnings: Home visitation for new babies
- Childcare 6am –6pm (0-5 year olds)
- Preschool/Early Childhood Education (0-5 year olds)
- Parenting Classes
- Referral for Adult Education: ESL/GED
- On-site vision, speech, and hearing screenings at the beginning of the year
- Same day appointments at Health Department for immunizations, health and dental needs
- WIC information and assistance
- Assistance with Welfare applications
- Assistance with COCHIP

Partners

- Head Start
- State Preschool
- Local Social Service Agency
- Full Circle Project (parenting classes)
- B.O.C.E.S. (co-op for special needs children)
- SHARE (Colorado food project)

- State Literacy Prevention Program
- School District

Role of School

- School is fiscal agent
- School provides space

Parental Involvement

- Attend parent meetings
- Conduct developmentally appropriate activities at home assigned by teachers
- Participate in developing programs

Funding Sources

- Head Start
- State Preschool Special Education funds
- Title 1
- Medicaid

History

- Program founded in 1988

Program Evaluation

- Parents evaluate program annually

Contact:

Lynda Fosco, Director
22 Williamsville Rd.
P.O. Box 218
Rogers, CT 06263
(860) 779-6770

Population Served:

Rural community
91% Caucasian, 3% African American, 3% Hispanic, 2% Asian, 0.4% Native American
32% free or reduced lunch
Early Childhood Population: 170

Program Configuration: Single site

Services Offered

- Childcare 6:45am-5:30pm (0-5 year olds)
- Pre-School/Early Childhood Education (3-5 year olds)
- Parenting Classes
- Mommy and Me classes
- Adult Education classes: ESL
- Vision, speech, and hearing screenings
- Referrals for immunizations and physicals
- Referrals for dental screenings and exams
- Referrals for mental health support groups and screenings
- WIC information and referral
- Referrals for assistance with childcare payments and other social services

Partners

- Head Start
- United Services
- EAST CONN Adult Learning Center
- EAST CONN Early Childhood Network
- Tames River Mentoring Program
- Plainfield and Putnam Public Schools
- Regional School Readiness Council
- Department of Human Services
- Department of Health
- Local Library
- Fire Department
- State Police

Role of School

- School District provides a nurse, teachers, and administrative staff

- School provides space, maintenance, utilities and supplies

Parental Involvement

- Volunteer
- Serve on the Board of Education Oversight Committee
- Serve on the Northeast Regional School Readiness Council
- Play an informal advisory role

Funding Sources

- Family Resource Grant
- School Readiness Grant
- State Special Education
- Tuition paying families

History

- Program founded in 1989
- Original founders are still involved in the program

Program Evaluation

- Evaluated by Northeast Regional School Readiness Council
- Evaluated by Board of Education
- NAEYC accreditation
- Parents evaluate program annually

Contact:

Deborah Zipkin, Director
425 Oakwood Ave.
West Hartford, CT 06110
(860) 233-4701

Population Served:

Suburban Community
48% Caucasian, 24% Hispanic, 18% African
American, 9% Asian American
33% free or reduced lunch
Early Childhood Population: 100

Program Configuration: Single site

Services Offered

- Home visits using Parents as Teachers (PAT) curriculum
- Childcare for parents during classes or meetings (0-4 year olds)
- Early Childhood Education (0- 4 year olds)
- School readiness summer program
- Parenting classes
- Training for home childcare providers
- Adult Education: GED, ESOL, and ABE
- Family literacy programs
- English classes for parents and children together
- School nurse for minor health issues
- On-site family therapist for observation, evaluations, and counseling
- Grandparent support groups
- Peer support groups
- Guest speakers and written information on social services issues

Partners

- The Family Resource Center: Collaborative of West Hartford Public Schools and Bridge Family Centers
- Neighborhood preschools
- Parent-teacher organizations
- St. Agnes Family Center
- West Hartford Adult Education
- Public Library
- Other family resource centers
- University of CT Cooperative Extension
- West Hartford Public Schools
- West Hartford Early Childhood Council

- Charter Oak Staff

Role of School

- Provides space and maintenance
- Provides 1 family resource center

Parental Involvement

- Part of advisory council
- Volunteer
- Participate in parent leadership training programs
- Participate in Parents as Teachers
- Develop and lead programs

Funding Sources

- State Department of Education Family resource center grant
- West Hartford School Readiness Funds
- Inter-district multi-cultural grant
- Adult Education grant
- City Group Foundation
- Local Foundations
- Local Parent-Teacher Association

History

- Started as a grass roots program in the late 1980's
- Charter Oak Principal collaborated with Bridge Family Center to increase services offered to families

Program Evaluation

- Ongoing self-evaluation through participant surveys and feedback

Contact:

Ann Crowell, Director
3600 NE 15th St.
Gainesville, FL 32609
(352) 955-6875

Population Served:

Small Urban community
70% African American, 25% Caucasian, 5% other
90% low income families
Early Childhood Population: 2,053

Program Configuration: 23 sites

Services Offered

- Part-day and extended day childcare (0-5 year olds)
- Early Head Start (0-3 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- Pre-K summer school readiness program
- Parenting classes
- Adult Education: ESL/GED
- Family literacy program
- 3 family service centers
- On-site health clinic: 1 Nurse, 1 Nurse Practitioner, 1 lab technician, nutrition staff and visiting physicians provide immunizations, physicals, vision, speech and hearing screenings
- Referral to local university for dental needs
- On-site counseling and home based counseling for children and parents
- Grandparent support groups
- Referrals and assistance with all social service needs

Partners

- Head Start and Early Head Start
- University of Florida
- Santa Fe Community College
- Foster Grandparent Program
- Florida 1st Program
- Parent Education Full Service Program
- Gainesville Harvest Food distributions
- Gainesville Police
- Meridian Health Center

- Safe Haven Program
- Salvation Army
- Catholic Charities

Role of School

- Provides 23 elementary school sites
- Provides staff and maintenance
- Provides transportation

Parental Involvement

- Encouraged to participate in all aspects of program
- Serve on policy council
- Attend monthly parent meetings

Funding Sources

- Head Start
- Early Head Start
- 1st Start
- State Pre-K funds
- 20% In-kind donation from School District
- Title 1

History

- Started as a summer program in the 1970's
- Went from 5 to 51 classrooms in 10 years

Program Evaluation

- Studied by school board –Children in the program were found to be equal to children in advantaged homes in cognitive, development and recognition tasks

Contact:

Nancy Haynes, Pre Kindergarten Specialist
1007 W. Main St.
Iverness, FL 34450-4698
(352) 726-1931, ext. 2337

Population Served:

Rural community
90% Caucasian, 10% Other
Primarily low-income
Early Childhood population: 5, 446

Program Configuration: 23 sites

Services Offered

- Healthy Start – home visitation program
- Part-time and full-time childcare (0-5 year olds)
- Preschool/Early Childhood Education (0-5 year olds)
- Special Needs Preschool/Early Childhood Education (0-5 year olds)
- Parenting classes
- Adult Education classes: ESL /GED
- Even Start family literacy program
- 2 Full Service schools which offer nursing services
- Referral to health department for immunizations, physicals, vision, speech and hearing screenings
- On-site mental health services at some schools
- Referral for all social services

Partners

- Head Start
- Interagency Council
- Private businesses
- Local Banks

Role of School

- Provides 23 Pre-K sites
- Provides maintenance and support services
- Provides transportation

Parental Involvement

- Participate on all decision making bodies
- Participate in 1 parent involvement program per month

Funding Sources

- School reform funds
- State Pre-K funding
- Early Intervention funding (School Readiness Reform)
- Subsidized federal childcare funds
- Department of Education
- Head Start
- Even Start
- Parent fees

History

- Started as a family collaborative project in 1981
- Collaborative project grant started in 1994
- School is responding to School Readiness Reform Act in Florida (1998) to become a universal and integrated program

Program Evaluation

- Under the new legislation are starting a quality assurance committee for the entire program

Contact:

Janis Stephens, Director
440 Cambell Lane
Athens, GA 30606
(706) 357-5239

Population Served:

Suburban community
Pre-K: 60% African American, 40% Other.
Even Start children: 75% Asian /Hispanic,
25% African American
Pre-K: 70% free or reduced lunch
Even Start: 100% free or reduced lunch
Early Childhood Population: 520

Program Configuration: 27 sites

Services Offered

- Coordinated childcare at 5 local day care centers (0-5 year olds)
- High Scope infant/toddler program (0-3 year olds.)
- Early Head Start home visiting program
- Pre-Kindergarten for (4 year olds)
- Parenting classes
- Adult Education classes: ESL/GED
- 2 community centers
- 1 nurse assigned to Even Start and infant/toddler program
- On-site vision, hearing and speech screenings
- Family resource coordinator refers and assists families with all health, mental health, dental, and social services
- Targeted and extensive case management

Partners

- Athens School District
- Head Start and Early Head Start
- Department of Health, and Children's Services
- Georgia State Interagency Council
- Univ. of GA Educational Opportunity Ctr.
- America Reads Challenge Program
- Foster Parent Program/Babies Can't Wait
- County Department of Parks and Recreation
- St. Mary's Hospital /Medical College of Georgia
- Community Connection/ YMCA
- Regional Educational Service Agency
- Red Cross of America
- Children First/ Success by 6
- Migrant Education/Athens tutorial program
- Salvation Army/Optometrists Club

- N.E. Georgia Mental Health Center
- Council on Aging
- Food Bank of N.E. GA/Catholic Services
- Athens community businesses and agencies
- Boys and Girls Club / United Way
- Garnett Ridge Family Support Center
- Rotary Club, Lions Club, and KIWANIS

Role of School

- School district is fiscal agent
- School district provides space
- School district provides transportation

Parental Involvement

- Even Start parents required to attend 1 parenting class and 1 Parent and Child Time weekly
- Even Start parents participate in Coordinating Council
- Early Head Start families attend monthly group socialization activities and parenting workshops

Funding Sources

- Early Head Start (start up grant)
- Even Start
- Pre-K grant
- State Grant for Resource Coordinators
- Targeted Case Management Medicaid Reimbursement

History

- Founded as a Pre-K program in 1992
- Expanded into Even Start in 1994

Program Evaluation

- Parents evaluate program annually

Contact:

Patricia Kellogg, Principal
800 W. Romeo B. Garrett
Peoria, IL 61605-2207
(309) 672-6810

Population Served:

Urban community
57% minority, 30% Caucasian, 1% Hispanic
67% of families are low income
Early Childhood Population: 227

Program Configuration: Single site

Services Offered

- Full-time childcare (0 - 5 year olds)
- Early Childhood Education (0 – 5 year olds)
- Parenting classes
- Mommy and Me classes
- Adult Education classes: GED
- On-site health center: 1 full-time Nurse, 1 Nurse Practitioner and 1 part-time physician provide on-site physicals, vision, speech and hearing screenings
- On-site dental exams
- 2 on-site psychologists, 2 mental health interns, and family support workers
- On-site counseling, support groups and referrals to local medical centers
- Assistance with health insurance applications and social services

Partners

- Head Start and Early Head Start
- Methodist Medical Center
- University of Illinois, College of Medicine
- Illinois Westland University
- Project Success
- Human Service Center

Role of School

- School district provides space, staff, and maintenance

Parental Involvement

- Required to volunteer
- Participate in parent/child activity program

Funding Sources

- Head Start
- Early Head Start
- Title 1
- State funds for at risk Adult Education Program
- Local hospital
- University of Illinois, School of Medicine
- Parent fees

History

- Started as part of the urban renewal project in 1993
- Built a \$7 million early childhood center over 3 years

Program Evaluation

- Participated in a longitudinal study to evaluate the success of program which found improvements in academic success due to the program

Contact:

Diane Anderson, Coordinator
P.O. Box 445
Manly, IA 50456
(515) 454-2137

Population Served:

Rural community
99% Caucasian, 1% Other
34% free or reduced lunch
Early childhood Population: 26

Program Configuration: Single demonstration site

Services Offered

- Childcare 6am-6pm (3-4 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- Parenting classes
- Currently developing a family resource center
- Vision, speech and hearing screenings at nearby church
- Referral for immunizations, medical and dental services

Partners

- School District
- North Iowa Community Action Organization (Head Start)
- Department of Human Services
- Community Empowerment Area
- Local fire and police departments
- Local churches
- Community agencies

Role of School

- School and city provided land for building site
- School pays for one teacher's assistant salary

Parental Involvement

- Head Start parents are required to attend six parenting classes a year
- Head Start parents are required to attend monthly parent/teacher/student conferences

- Encouraged to attend parenting classes and parent/teacher conferences
- Serve on Advisory Board
- Serve on Head Start Policy Council
- Select topics for parenting classes

Funding Sources

- Federal Special Education Part B
- Head Start
- School District
- Area Empowerment dollars
- Tuition-paying families

History

- Program founded in 1999
- Currently on Phase I of implementation: Providing preschool and childcare (3-4 year olds)
- Phase II: Infant-toddler program
- Phase III: School-based before-and-after school program

Program Evaluation

- Continual self-evaluation to improve program
- Parents evaluate program annually
- Currently in accreditation process for the National Association for the Education of Young Children (NAEYC)
- Currently in accreditation process for the State Education Agency
- Currently in accreditation process for Head Start Interval 99 accreditation

Contact:

Mary Jo Madvig
216 6th St. E.
Spencer, IA 51301
(712) 859-3885

Population Served:

Rural community
98% Caucasian, 2% Other
100% free or reduced lunch
Early Childhood Population: 121

Program Configuration: 25 sites

Services Offered

- Childcare 6am-6pm (0-5 year olds)
- Infant-toddler rooms for developmentally appropriate activities (0-3 year olds)
- Preschool/Early Childhood Education (3-5 year olds)
- Weekly respite care available from 6pm-9pm (0-5 year olds)
- Parenting classes
- Referrals for Adult Education
- On-site immunizations, once yearly physicals, vision, speech and hearing screenings
- Referral for well-child/well-baby visits
- Referral to Department of Health for health care needs
- Referral for dental screenings and exams
- On-site psychologist once a week for mental health observation, assessment and referral
- WIC on-site frequently
- Assistance with all social services

Partners

- Spencer School District
- Department of Health
- Department of Human Services
- WIC
- Maternal and Child Health Department
- Iowa Health Specialty Clinic
- Lakes Empowerment Area
- Best Care for Better Babies
- Local optometrists
- Lions Club
- The Nest
- Citizens Awareness Council
- KIWANIS

- Reading is Fundamental (RIF)
- First Book
- Seasons Mental Health Center
- Temporary Assistance to Needy Families (TANF)
- Hilton Hotels

Role of School

- Provided former elementary school building
- Provides 2 teacher aides
- Provides transportation and maintenance

Parental Involvement

- Attend parent-teacher meetings
- Participate in Policy Council
- Participate in Multi-County Board of Community Action

Funding Sources

- Head Start
- Spencer School District
- Citizens Awareness Council
- The Nest Grant
- Reading Is Fundamental
- State Department of Education

History

- Program founded in 1965
- Early Head Start added in 1994
- Current director has been there since 1983

Program Evaluation

- Head Start evaluated program in 1999
- Parents evaluate program annually
- Professor Carol Alexander completed an independent review

Contact:

Lisa Henson, Director
Pam Euton, Coordinator
P.O. Box 3000
Ashland, KY 41101
(606) 327-2797

Population Served:

Urban community
Primarily Caucasian
Primarily low-income families
Early Childhood Population

Program Configuration: Single site

Services Offered

- Preschool/Early Childhood Education program (0-5 year olds)
- Developmentally appropriate educational activities (5-8 year olds)
- Parenting classes: Parent and Child Time Together (PACT)
- Parenting workshops including educational videos, books and pamphlets for parents unable to attend
- Adult Education: ESL/GED, assistance with college/school applications, financial aid forms, and life skills
- On-site group counseling twice a week
- On-site immunizations annually
- Annual "Ready Fest" includes referrals for health care needs, hygiene products, and school supplies
- Referrals for mental health, dental exams and physicals
- Assistance with welfare applications, KYCHIP (State Children's Health Insurance Program) applications, and housing
- Referrals to community childcare and assistance with applications for childcare subsidies applications

Partners

- Adult Education
- BOYD Works (welfare-to-work)
- Community agencies
- Goodwill Industries
- Workforce Development Group
- Ashland Community College
- University of Kentucky

- CARES: provides assistance with utility bills and gives food baskets to needy families
- Health Department
- Local churches
- Local mission

Role of School

- School district provides staff, space and maintenance

Parental Involvement

- Required to have an 80% attendance record to stay in the program
- Participate in "Incentive Cabinet" program which rewards parents for positive parent-child interactions and activities

Funding Sources

- Title I
- School district

History

- Started in 1998
- Currently seeking a satellite office to reach a broader population

Program Evaluation

- Federal and State evaluations completed annually
- Pre-test (beginning of year) and post-test (end of year) of both parent's and children's educational skills
- Parents evaluate program annually

Contact:

Jennifer Caperton, Coordinator
3348 Court St.
Catlettsburg, KY 41129
(606) 739-5344

Population Served:

Rural community
98% Caucasian
Primarily low income families
Early Childhood Population: 200

Program Configuration: 2 sites

Services Offered

- Parents as Teachers home visiting program
- Childcare 6:30am-5:30pm (2-11 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- Parenting classes
- Adult education: GED
- On-site physicals, immunizations, vision and hearing screenings
- Referrals for dental, and other health services
- Referral for WIC
- On-site child psychologist once a week provides counseling, mental health screenings and referrals
- Assistance with childcare voucher applications, KYCHIP applications, and all other social services

Partners

- State of Kentucky
- Boyd County Health Department
- Pathways (Mental Health)
- Adult Learning Centers
- Local Hospitals
- KIWANIS
- Rotary Club
- Lions Club
- Wal-Mart
- Fire Department
- YMCA
- CARES (conglomerate of local churches)

- HEAP (provides assistance with utilities, food, and other basic needs)
- People Helping People (provides assistance with utilities, food, and other basic needs)
- American Legion
- Local businesses

Role of School

- Provides space, utilities and maintenance

Parental Involvement

- Participate in Advisory Council
- Volunteer
- Strongly encouraged to attend parent workshops and parent/teacher meetings

Funding Sources

- Family resource center state grant
- In-kind donations (partners and parents)

History

- Started in 1991
- Located at the same two schools since inception.
- Program is well established in the community and has had two coordinators since it started.

Program Evaluation

- Annual evaluation conducted for the family resource center state grant

Contact:

Diane Rokentenetz EdD, Director
 Covington Independent Public Schools
 1124 Scott St.
 Covington, KY 41011
 (606) 292-5895

Population Served:

Urban Community
 25% African American, significant
 Appalachian population
 100% free or reduced lunch
 Early Childhood Population: 370

Program Configuration: Single site

Services Offered

- Home visits
- Childcare for drop-in sessions
- Preschool/Early Childhood Education (3 -4 year olds)
- Parenting classes
- Dad and child programs
- Grandparents raising grandchildren program
- Family learning classes
- Adult Education: literacy and GED program
- On-site physicals, dental and vision screenings
- On-site psychologist and case workers for counseling sessions
- Referrals to Department of Children's Services
- Assistance with health insurance

Partners

- Head Start
- State preschool
- Andrew Jergens Foundation
- Scripts Howard Foundation
- Children Incorporated (Foundation)
- Fidelity Investments
- LPK (Law firm)
- Biggs Hypermarket
- Levy Strauss
- Carnegie Arts Center
- UPS

Role of School

- Provides space, staff, communications and maintenance

- Provides transportation services for children and parents
- Provides clinicians and social workers
- Provides parent-teacher training

Parental Involvement

- Required to participate 100%
- Participate in parent leadership program
- Volunteer in school and at special events
- Won a "Working Mother" magazine parent involvement in education award

Funding Sources

- Kentucky Education Reform Act
- Andrew Jergens Foundation grant
- Scripts Howard Foundation grant
- State Education funds

History

- Started due to 1989 Kentucky Education Reform Act for quality care for preschool children

Program Evaluation

- Pre and post tests for children
- Qualitative evaluations
- Program has won numerous awards for the services it provides to 3 and 4 year olds
- Known as a model program for school integration in Kentucky

Contact:

Wendy Eldrege, Family Partnership Director
Ayer Public School System
115 Washington St.
Ayer, MA 01432
(978) 772-8600 ext. 452

Population Served:

Semi-rural community
77% Caucasian, 23% Other
38% free or reduced lunch
Early Childhood Population

Program Configuration: Single site

Services Offered

- Home visits
- Full-time childcare and vacation care (0-13 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- 18 play groups per week run by nurse (0-5 year olds)
- Infant group meetings
- Positive Parenting Series
- Mommy and Me classes
- Monthly “Pajama Story Hour” for children and parents
- Adult Education: GED classes and family literacy program
- Baby-bag visits
- Lending Library for children’s books and parenting resource books/materials
- WIC van provides immunizations, health, vision and hearing screenings
- On-site social worker and school counselors
- Referrals to mental health clinics
- Assistance with all social services

Partners

- Private preschools
- Libraries
- Local Emergency Aid Society
- Salvation Army
- Red Cross
- Deaconess Nashoba Hospital
- Mount Washusett Community College
- Lipton Health Center and Early Intervention
- Local pediatricians
- Ayer District Court

- Council and Aging Center of Nashoba
- Local businesses

Role of School

- Provides space, staff and maintenance

Parental Involvement

- Serve on Parent Advisory Council
- Volunteer
- Develop program activities
- Participate in social and academic field trips

Funding Sources

- Community Partnership Network Grant
- Mass Family Network Grant (Department of Education)
- Department of Education
- Ayer School District in-kind donations

History

- Program started when Army base closed in 1995
- Local businesses and community leaders conducted needs assessments and wrote grants to implement programs that met the needs of the community

Program Evaluation

- 1 of 5 schools participating in a longitudinal study on early education by the Yale University Bush Center for Child Development and Social Policy
- Annual community needs assessments conducted to evaluate whether or not community needs are being met

Contact:

Kerry Froehlich, Director
5400 Corvallis Ave. N.
Crystal, MN 55429
(763) 504-4161

Population Served:

Suburban community
85% Caucasian, 15% Other
5% free or reduced lunch
Early Childhood Population: Approx. 2000

Program Configuration: 4 sites

Services Offered

- Home visiting program
- Childcare while parents attend classes (3 months-5 years old)
- Preschool/Early Childhood Education (0-5 year olds)
- Adult Education: ESL/GED
- Parenting classes
- On-site dental, vision, speech, and hearing screenings
- Referrals for immunizations
- Referrals for free mental health assessments and counseling
- WIC
- 2 Family resource centers: information, referral, and assistance with necessary social service needs

Partners

- School District 281
- WIC
- Near Food Shelter
- North Memorial Hospital
- Early Childhood Special Education
- Redesign Early Family Service Collaborative
- Minnesota Visiting Home Nurses
- Success By Six
- Greater Minneapolis Day Care Association
- Resource Center for Fathers and Families
- Community Health Department
- Chrysallis Women's Center
- Faith Community Churches
- County Housing Assistance Program

- Hennepin County Economic Association
- YMCA
- Park and Recreation
- County Library System
- Parent Advisory Committee
- Adult Academic Program

Role of School

- School acts as fiscal agent
- Provides utilities and maintenance

Parental Involvement

- Required to attend classes with their child
- Serve on Parent Advisory Committee
- Participate in fundraising

Funding Sources

- Property Tax Levy and State funds
- State funding for Home Visiting Program
- Redesign Family Service Collaborative
- McKnight Foundation Grant
- Fundraisers

History

- Program founded in 1975
- Same location since 1984
- Current director was appointed as director in 1995, but has been involved with the program since 1981

Program Evaluation

- Community Local Review completed an evaluation in the fall of 1999

Contact:

Susan Stoner, Director
400 10th St. N.W.
New Brighton, MN 55112
(651) 639-6027

Population Served:

Suburban area
95% Caucasian, 5% Other
25% free or reduced lunch
Early Childhood Population: Approx. 500

Program Configuration: 4 sites

Services Offered

- Home visiting program
- Childcare during class times (infants – 7 year olds)
- Preschool (3-4 year olds)
- Parent-child classes (infants-5 year olds)
- Family resource center: provides toys, books, videos, and tapes for infants to 6 year olds and parenting information
- Adult Education: ESL/GED
- Referrals for vision, speech, hearing and dental screenings
- Referral for mental health needs
- WIC on site

b

- Head Start
- Early Head Start
- Adult Basic Education
- Early Childhood Special Education
- Community Education
- School District
- School District 621 Foundation
- County Department of Health
- Public Health Nurses
- Family Literacy Program
- State School Readiness Program
- WIC
- Local Hospitals

- Local Dentists and Pediatricians
- Fire Department
- Chamber of Commerce
- Local Businesses
- KIWANIS

Role of School

- Provides in-kind payment of rent for three of the sites
- Provides administrative assistance
- Provides transportation for family literacy program and school readiness program

Parental Involvement

- Attend weekly classes with children
- Volunteer
- Serve on Advisory Council
- Advocate for children's issues with state legislature

Funding Sources

- Local levy from property taxes
- State Aid: Department of Children, Families and Learning
- Chamber of Commerce

History

- Founded in the late 1970's

Contact:

Corinne Swenson, Site Coordinator
1201 Payne Ave.
St. Paul, MN 55101
(651) 293-5990

Population Served:

Urban community
46% Asian, 30% Caucasian, 15% African
American, 5% Hispanic
85% free or reduced lunch
Early Childhood Population: 130

Program Configuration: 16 sites

Services Offered

- Home visits
- Baby visits and parenting tips by public health nurse
- Early Childhood Education classes (0-5 year olds)
- Parenting classes
- Weekly play groups at local park
- Family literacy classes
- English language learning group (ELL)
- On-site health developmental screenings and referrals to local hospital for all other health needs
- Referrals to Mental Health services
- Referrals for social services
- Transportation provided for all families to the Center

Partners

- State Preschools
- Neighborhood Outreach
- Ramsey County Public Health Nurses
- Special Education
- Local community centers
- Neighborhood park

Role of School/District

- District provides staff and administrative support

- District provides funding

Parental Involvement

- Volunteer for school and city projects
- Participate on advisory boards
- Participate in decision making boards
- Participate in classes
- Some become home visitors for the school

Funding Sources

- School District (1/3 to 2/3 of total funding depending on the year)
- County funds
- Varying community grants

History

- Started in 1987
- Community felt a need for a home visitor program and a drop-in center, so it was developed
- Successful from the beginning, now see over 600 families annually in drop-in services, home visitation, classes and playgroups

Program Evaluation

- Conducts quarterly and annual reports
- Parents evaluate program annually

Contact:

Dr. Patricia Shumacher, Associate
Superintendent
1231 S. Windsor St.
Independence, MO 64055
(816) 521- 2700

Population Served:

Suburban
92% Caucasian, 8% Other
34% free or reduced lunch
Early Childhood Population: 1,200

Program Configuration: 13 sites**Services Offered**

- Home visits for new parents
- Full-time childcare (0-5 year olds)
- Early Childhood Education (0-5 year olds)
- Parenting classes
- Adult Education: GED and continuing education courses
- Family resource center
- 2 health clinics provide physicals, immunizations, baby visits, vision and hearing screenings
- Dental screenings, checkups and referrals
- On-site and home-based psychological counseling
- On-site social worker for assistance with social services

Partners

- KCMC Child Development Center
- Sunshine Center
- Child Abuse and Prevention Agency
- Comprehensive Mental Health Services
- Boys and Girls Club
- Family Literacy Center
- Eastern Jackson County United Way
- YMCA-Independence
- Caring Communities, Inc.
- Parents As First Teachers
- Truman Medical Center East
- Independence Literacy Council
- Oak Meadow Child Care Center
- Stone Church Preschool
- Independence Adult Literacy and Education Center

- Peace Pavilion

Role of School District

- Provides space for 13 elementary school sites and Family Learning Center
- Provides staff and maintenance

Parental Involvement

- Participate in parenting classes
- Participate in STARS: parents reading to children program
- Involved in Title 1 committee

Funding Sources

- Caring Communities
- Title 1
- Local District Funds
- DFS Subsidy
- Employer paid child care
- Parent Fees

History

- Started with Head Start in 1966
- Implemented Parents as Teachers program as next step
- Developed programs according to the needs within the district
- Became a School of the 21st Century in 1988
- Started offering before and after school childcare in 1988
- Currently there is a program in every school in the district

Contact:

Ed Barnwell, Principal
14 Canterbury Road
Concord, NH 03301
(603) 225-0830

Population Served:

Urban community in a suburban town
85% Caucasian, 15% Other
Primarily low income families
Early Childhood Population: 60

Program Configuration: Single site

Services Offered

- Family Center infant/toddler programs for child and parents
- Part-time childcare before and after school (3-5 year olds)
- Early Childhood Education (3-4 year olds)
- Parenting classes
- Adult Education: GED and literacy training for parents
- Weekly family events and activities
- 1 school nurse provides health, vision, and speech screenings
- On-site counseling sessions and group counseling for children and families
- On-site assistance with social services

Partners

- Head Start
- 21st Century Schools
- Even Start
- Child and Family Services of New Hampshire

Role of School

- Provides space for Family Center, early education rooms, and special needs facilities
- Provides staff and maintenance

Parental Involvement

- High participation in all aspects of the program
- Volunteer
- Serve on Advisory Board for Family Center

Funding Sources

- Even Start
- Special Needs District funding
- New Hampshire Division of Children, Youth and Families
- New Hampshire Children's Trust
- Jameson Trust
- Merrimack County funds
- Providian Bank

History

- Originally started due to lack of placements for preschool special needs children in 1994
- Expanded gradually to improve educational experiences for children before kindergarten
- The family resource center, 1 of 16 in New Hampshire, is the only one located in a public school

Contact:

Patricia Noonan, Early Childhood Director
346 Claremont Ave.
Jersey City, NJ 07305
(201) 915-6045/ (201) 915-6078

Population Served:

Urban Community
Demographics not available
100% free lunch
Early Childhood Population: 2,500

Program Configuration: 26 sites

Services Offered

- 26 district childcare facilities (3 year olds)
- Childcare 6am-6pm
- Parenting classes
- Adult Education: Even Start program and GED classes
- 2 nurses provide basic health care
- Referral for dental screenings
- Fluoride rinses every week for all children
- 1 nutrition educator
- Six on-site social workers provide counseling, parenting groups and home visits
- Assistance for teen parents: education and childcare
- Welfare assistance available

Partners

- Head Start
- Jersey City Childcare agencies
- Horizon Health Center
- F.A.C.E.S. (education and care for children 0-6)
- Even Start

Role of School

- Provides space and maintenance
- Provides 2 teachers for every 15 children

Parental Involvement

- Weekly newsletters sent to parents
- Open door policy at all schools for the parents

Funding Sources

- New Jersey Department of Education
- New Jersey Department of Human Services
- Even Start
- F.A.C.E.S. grant

History

- Started in 1989 with 9 classrooms for families with childcare needs
- Expanded due to family need in 1992
- Established collaboration with all 36 local daycare centers
- Now all early childhood facilities are state operated for the school district

Program Evaluation

- Being studied by Rutgers University for accreditation of developmentally appropriate classes
- All schools have Master Teachers (1 for every 20 teachers) to evaluate and give feedback on the early childhood classes and the teachers

Contact:

Emily Bivens, Director of Elementary
Education and Staff Development
750 S. Merritt Rd.
Chapel Hill, NC 27516
(919) 967-8211

Population Served:

Suburban Community
70% African American, 25% Hispanic, 1%
Caucasian, <1% Native American
65% free or reduced lunch
Early Childhood Population: 204

Program Configuration: 9 sites

Services Offered

- Childcare 7:30am-5:30pm (3-4 year olds)
- Preschool/Early childhood education (3-4 year olds)
- Parenting classes
- Referral for adult education
- 1 full time nurse provides on-site immunizations, vision, speech, and hearing screenings
- 1 part time dietician
- Referrals for physicals
- On-site dental screenings
- Referrals for dental services
- 1 full-time mental health/disability consultant
- KIDS SCOPE play therapy program
- 1 MSW and 2 assistants provide assistance with all social services

Partners

- Head Start
- Smart Start
- United Way
- Title 1 and Title 6
- County Health Department
- Frank Porter Graham Child Development Center
- University of North Carolina Schools of Education, Social Work, Public Health, and Dentistry
- Local mental health service provider

Role of School

- Provides space, maintenance, and utilities for six sites
- Provides computers and copying
- Provides nutrition program and staff development at six sites

Parental Involvement

- Strongly encouraged to volunteer
- Attend monthly parent meetings
- Attend parenting classes
- Serve on Policy Council
- Attend state and regional meetings related to early childhood education

Funding Sources

- Head Start
- Revenue from Taxes
- Exceptional Education Department
- Smart Start
- Title 6
- Tuition

History

- Started with Head Start in 1980
- Special Education, Head Start, and tuition paying children were integrated into the same classrooms when program became part of the school district in 1996

Program Evaluation

- The Frank Porter Graham Child Development Center and the University of North Carolina evaluate the program

Contact:

Gail Landreth, Director
502 W. Duke
Hugo, OK 74743
(580) 326-7581

Population Served:

Rural community
61% Caucasian, 21% African American,
14% Native American, 2% Hispanic, 2%
Other
86% free or reduced lunch
Early Childhood Population: 433

Program Configuration: 21 sites serving 3 counties

Services Offered

- Childcare while parents attend classes/meetings (0-4 year olds)
- Infant and toddler program (0-3 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- Parenting classes
- Referrals for Adult Education: GED and ESL
- 1 nurse for 22 sites and 1 pediatric nurse for Early Head Start provide on-site vision, speech, hearing and dental screenings
- Referrals for all health needs
- Assistance with all social services

Partners

- 13 Public School Districts
- Department of Health and Human Services
- County Health Department
- Department of Education
- Local dentists
- Local job training partnerships
- Oklahoma State University
- Rotary Club
- Lions Club
- SOS (services for battered women)
- Prevention of Blindness

Role of School

- Districts provide space, maintenance and utilities for 4 sites

Parental Involvement

- Attend parent meetings
- Serve on Advisory Board
- Serve on Policy Council

Funding Sources

- Federal Department of Health and Human Services
- School district gives \$1000 for each 4 year old child that is eligible for program and is in appropriate school district
- State appropriated funds for Head Start

History

- Program began as a single Head Start site in 1965
- Added Early Head Start in 1988

Program Evaluation

- Department of Health and Human Services evaluates program
- Parents evaluate program annually

Contact:

Jakie Watson, Director
910 W. Main St.
Maritta, OK 73448
(580) 276-3198

Population Served:

Rural community
65% Caucasian, 22% Native American, 8%
African American, 4% Hispanic, 1% Other
90% free or reduced lunch
Early Childhood Population: 886

Program Configuration: 29 sites serving 5 counties

Services Offered

- Childcare 7:30am-5:30pm (0-5 year olds)
- Preschool/Early Childhood Education (3- 4 year olds)
- Parenting classes
- On-site tutoring for ESL and GED
- On-site vision, speech, hearing and dental screenings
- Referrals for immunizations and other health care needs
- Physicals provided
- 1 school psychologist and 1 mental health clinician for each county
- Assistance with all social services

Partners

- Health Department
- School Districts

Role of School

- Provides space for 20 sites
- Provides portions of teachers' and aides' salaries (amount varies depending on site)

- Provides utilities and maintenance
- Provides transportation

Parental Involvement

- Attend parent meetings
- Encouraged to volunteer once a month
- Serve on the Policy Council
- Serve on Parent Committee

Funding Sources

- Federal Department of Health and Human Services
- State allocations

History

- Started with Head Start in 1966
- Added Early Head Start in 1998
- Current director has been involved with the program since 1969

Program Evaluation

- Evaluated by Department of Health and Human Services every 3 years
- Parents evaluate program annually

Contact:

Jerome Lee, Director
717 S. Houston
Tulsa, OK 74127
(918) 382-3270

Population Served:

Urban community
56% African American, 22% Caucasian,
12% Hispanic, 9% Native American, 1%
Other
90% free or reduced lunch
Early Childhood Population: 1369

Program Configuration: 26 sites

Services Offered

- Childcare 7:00am-6:00pm (0-5 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- Parenting classes
- Referral for ESL and GED classes
- 7 licensed practical nurses, 1 registered nurse, and 1 registered medical assistant provide on-site immunizations, vision, speech, hearing, and dental screenings for 26 sites
- Referrals for physicals and other health needs
- Mental health coordinator available for observation, counseling, and referrals
- Assistance with all Social Services

Partners

- Local childcare providers
- Health Department
- Department of Human Services
- School districts
- YMCA/YWCA
- Local library
- Local dentists
- Family and Children's Services

- Asian American Association
- Hispanic Association
- Prevent Blindness

Role of School

- School District contributed funds to renovate two older school buildings

Parental Involvement

- Volunteer
- Serve on Advisory Council

Funding Sources

- Federal Department of Health and Human Services
- Department of Education
- State Department of Commerce grant

History

- Program started in 1998 and has continued to grow since then

Program Evaluation

- Evaluated by Department of Health and Human Services in 1999
- Parents evaluate program annually

Contact:

Geri Rowe, Family Services Manager
4800 N.E. 74th Avenue
Portland, OR 97218
(503) 916-5724

Population Served:

Urban community
40% Latino, 30% Asian, 20% White, 10%
African American
100% free or reduced lunch
Early Childhood Population: 612

Program Configuration: 5 Sites

Services Offered

- Wrap-around childcare
- Part-day Early Childhood Education (3-4 year olds)
- Adult Education: ESL/GED
- 1 full time nurse and nursing students provide on-site physicals, immunizations, vision, speech, hearing, and dental screenings
- Referral for dental services
- 1 clinical psychologist, 2 social workers, 2 mental health consultants provide on-site and home-based counseling and support groups
- 12 case managers/coordinators provide assistance with all social services
- Early Childhood Education certified teachers

Partners

- Portland Public School District
- Over 50 Local businesses
- Local community colleges
- State of Oregon Department of Education

Role of School/District

- Provides space
- Pays for medical and dental services for children who cannot afford it
- Provides grant management

- Provides accounting for the Head Start program

Parental Involvement

- Attend classes and groups
- Serve on Policy Council
- Participate in fundraisers and activities
- Attend meetings

Funding Sources

- Federal Head Start
- Title 1 Funds
- State of Oregon
- In-kind donations
- Community Donations – over 50 sources, from Starbucks to local businesses that donate clothes, free bread and professional volunteers

History

- Began with Head Start in 1968
- District started non-Head Start early childhood program for 200 additional young children

Program Evaluation

- Program conducts self evaluation annually
- District conducts fiscal audits annually
- State and federal review every three years
- Parents evaluate program annually

Contact:

Mr. Bivins, Principal
Pittsburgh Public School System
5101 Hill Crest Ave.
Pittsburgh, PA 15216
(412) 665-2020

Population Served:

Urban Community
98% African American, 2% Other
Primarily low income families
Early Childhood Population

Program Configuration: 3 school sites

Services Offered

- Full-time childcare (3-5 year olds)
- Early Childhood Education (3-5year olds)
- Parenting classes
- Adult Education: literacy classes
- On-site medical suite once a week provides complete health exams, vision, speech, hearing, and dental screenings
- Partnership with 2 psychiatric hospitals that visit school for mental health counseling and observations
- Assistance with some social services

Partners

- Head Start
- Local childcare providers
- State Department of Education University of Pennsylvania Medical Center

Role of School

- Provides space, staff, and maintenance

Parental Involvement

- Volunteer
- Attend all school meetings and child events when scheduled

Funding Sources

- Head Start
- Hynes Foundation
- Grable Foundation
- Bloomfield/Garfield Housing
- YMCA
- Pine Ave. Art Initiative
- State Department of Education

History

- Started in 1990
- Has 3 sites in the school for integrated services and one off site Family Health Center (run by University of Pennsylvania Medical Center)

Contact:

Rhonda Corley, Director
Doris Gallard, Principal of Child
Development Centers
206 Wilkins St.
Greenville, SC 29065
(864) 241-4743

Population Served:

Mixed community (urban, rural and
suburban)
60% Minority, 40% Other
75% free or reduced lunch
Early Childhood Population: 720

Program Configuration: 6 sites

Services Offered

- Part-time childcare for Even Start families (birth to 3 years old)
- Full-day childcare (4 year olds)
- Early Childhood Education (birth to 4 years old)
- Drop in play groups
- Parenting classes
- Parents as Teachers program
- Adult Education classes: GED and other classes
- 3 Health clinics provide physicals, well child visits, immunizations, and vision screenings
- Referral for dental services
- On-site mental health therapists provide group counseling, child and family counseling

Partners

- Head Start
- Even Start
- United Way/ Success by Six
- Greenville Hospital System
- Senior Action Program
- Private Businesses
- University of South Carolina
- Clemson University
- Governor's First Steps Initiative Program

Role of School

- Provides space, staff, and maintenance

Parental Involvement

- Conduct home visits through Parents as Teachers

- Required to attend family activities
- Participate in "Symphony and Supper," after work dinner with music for both parents and children

Funding Sources

- State pre-school funding
- State parent education funding
- Even Start
- Duke Endowment Grant
- Goals 2000 Parenting grant
- 21st Century Learning Center grant
- McKinney – Homeless Assistance grant
- Governor's 1st Steps funding
- Private business partners
- Greenville Hospital grant
- Community Foundation grant
- Bank of America
- Lucent Technologies
- Parent fee on a sliding scale

History

- Started with 1 child development center in 1972
- Grew to 6 child development/family learning centers by 1996

Program Evaluation

- Program evaluations show results of school readiness at 85% for educational improvement
- Program has shown continuous improvement

Contact:

Jim Frazier, Principal
Haywood County School District
620 W. Main St.
Brownsville, TN 38012
(901) 772-9053

Population Served:

Rural community
56% African American, 43% Caucasian
Primarily low income families
Early Childhood Population: 155

Program Configuration: Single site

Services Offered

- Full-day preschool/Early Childhood Education (3-4 year olds)
- Early intervention program (3-4 year olds)
- Parenting classes
- 1 family resource center
- Referrals to local mental health clinic for mental health services

Partners

- Vision Haywood County Foundation
- United Way
- State grant of Tennessee
- University of Tennessee
- School District/Board of Education
- Cub Cadet
- Kroger
- Methodist Healthcare systems
- McDonald's

Role of School

- Provides staff, space, and maintenance

Parental Involvement

- Required to attend monthly parenting classes
- Volunteer at the resource center and school
- Participation in the art and music programs

Funding Sources

- State of Tennessee grant
- Vision Haywood County Foundation
- School District
- Tennessee Board of Education

History

- Started with 2 classrooms in 1988
- Currently have 10 classrooms, 1 of which is linked to the family resource center
- First program of it's kind in the state of Tennessee

Program Evaluation

- For children who have gone through the early childhood program found a 90-95% success rate in academic achievement, more honor roll recipients and fewer absences since 1995

Contact:

Diane Gilbert, Principal
Louise Clifton, Librarian
Nashville Public School System
401 Meridian St.
Nashville, TN 37207
(615) 291-6361

Population Served:

Urban Community
97% African American, 3% Other
Primarily low income families
Early Childhood Population:

Program Configuration: Single site

Services Offered

- Home visits
- Infant stimulation class
- Preschool/Early Childhood Education (3-5 year olds)
- Parenting classes
- Parent Club
- Adult Education: literacy program for both parents and children
- 1 family resource center
- On-site health clinic with 1 nurse practitioner provides physicals and other health care, vision, speech, hearing and dental screenings
- On-site speech therapy
- On-site social workers and child counselors provide group and individual counseling
- On-site women's support group
- Behavior intervention program

Partners

- Salvation Army
- United Way
- Family Resource Center
- Vanderbilt University
- Department of Public Health
- Local Police

- MDHA
- Metro Nashville School

Role of School

- Provides space, staff, and maintenance

Parental Involvement

- Attend parenting classes and Parent Club
- Participate in STARS: parents reading to children program
- Serve on Title 1 committee

Funding Sources

- Title 1
- Metro Nashville School Program funding
- Local Church Aid
- Local Grants
- Pencil Partners – all local community funds
- AIM-IPS
- Bank of America
- Intermedia
- Charles Davis Foundation

History

- Started in 1986 as Tennessee's first 4 year old program operated in conjunction with a public school system

Contact:

Anne Johnson, Director
P.O. Box 1246
San Marcos, TX 78667-1246
(512) 396-3395

Population Served:

Rural community
73% Hispanic, 17% Caucasian, 10% Other
90% free or reduced lunch
Early Childhood Population: 446

Program Configuration: 14 sites serving 3 counties

Services Offered

- Childcare 7:15am-5:30pm (0-4 year olds)
- Infant/toddler program (0-3 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- Parenting classes
- Adult Education: ESL, GED, workforce, personal, and technical development
- On-site vision, speech, hearing, and dental screenings
- Referrals for immunizations, physicals, and other health needs
- Mental health consultant provides observation, assistance, and referrals
- Assistance with all social services

Partners

- Head Start
- Early Head Start
- State Prekindergarten
- Even Start
- The Women's Center
- Local Universities
- Reading is Fundamental (RIF)
- State Early Childhood Intervention Program
- Childcare Management System (CCMS)
- Preschool programs for children with disabilities

Role of School

- Provides space, staff, and some maintenance

Parental Involvement

- Even Start parents are required to attend classes while children are in program
- Participate in Policy Council
- Attend monthly parent meetings

Funding Sources

- Head Start
- Early Head Start
- Even Start
- Texas Education Agency Grant (TEA)

History

- Started with Head Start in 1965
- Added Even Start and Learning Center in 1992
- Added Early Head Start in 1996

Program Evaluation

- Program evaluated by the University of Texas San Antonio
- Parents evaluate program annually

Contact:

Kathy Shaw, Director
320 S. 500 E.
Kaysville, UT 84037
(801) 402-7309

Population Served:

Suburban community
90% Caucasian, 6.5% Hispanic, 2% Asian
American, 1% African American, .5%
Native American
27% free or reduced lunch
Early Childhood Population: 2,503

Program Configuration: 45 sites serving 3 counties

Services Offered

- Childcare 7:30am-4:30pm (0-4 year olds)
- Infant/toddler program (0-3 year olds)
- Preschool/Early Childhood Education (3-4 year olds)
- Parenting classes
- Early Intervention for pregnant teens
- Adult education: ESL, GED, educational materials and referrals
- 3 nurses, 1 pre-natal educator, and 1 health coordinator provide on-site vision, speech, and hearing screenings
- Referrals for dental and health needs
- On-site full-time LCSW for mental health counseling
- Referrals to WIC
- Assistance with all social services
- Referrals for housing needs

Partners

- Head Start
- Davis County School District
- Utah School for the Deaf and Blind
- Davis County Health Department
- The Shelter (services for abused women)
- Davis County Family Advocate program
- Davis County Mental Health
- Davis County Division of Child and Family Services
- Department of Human Services
- Davis County Family Connection Center
- Local Interagency Council
- Retired and Seniors Volunteer Program
- Weber State University Volunteer Connection and Continuing Education
- Utah Probation Service

- Work Experience and Training Public Internship
- Clearfield Job Corps Students Participating in School-to-Careers
- Community Child Care Centers
- Utah Family Information and Resource Center (State PTA)

Role of School

- Provides space, staff, maintenance and utilities
- Provides fiscal and legal oversight
- Provides nutritional services
- Provides transportation

Parental Involvement

- Attend parenting classes
- Encouraged to volunteer
- Advocate with state legislature for children's issues
- Involved with PTA
- Participate on agency boards and committees

Funding Sources

- Head Start
- Early Head Start
- Preschool Special Ed
- Early Intervention (Part C)
- Preschool Tuition

History

- Started with Head Start in 1965
- Developed Special Education, Early Childhood Education, and all pre-K programs by 1994

Contact:

Judy Cohen, Coordinator
181 Orchard Rd.
Bennington, VT 05201
(802) 442-2692

Population Served:

Rural community
Primarily Caucasian, small population of
African Americans
55% free or reduced lunch
Early Childhood Population

Program Configuration: Single site

Services Offered

- Childcare 7:00am - 5:30pm (4-11 year olds)
- Play groups for infants and toddlers
- Preschool/Early Childhood Education (3-5 year olds)
- Parenting classes
- After school enrichment program
- Adult Education: GED and family literacy program
- On-site physicals, vision, hearing, and health screenings once a week
- On-site dental screenings and services
- On-site clinical psychologist and social worker provide support groups and individual counseling
- Family outreach worker provides assistance with transportation and social services

Partners

- Head Start
- Vermont Council on the Humanities
- Adult Basic Education Program
- Committee to End Childhood Hunger
- Sunrise Family Resource Center
- Bennington College
- Southern Vermont College

Role of School/District

- Provides administrators, school nurse, guidance counselors, and family outreach worker
- Provides maintenance

Parental Involvement

- Attend home visits
- Attend parenting classes and programs at family resource center
- Required to attend the school's family activities
- Teach after school enrichment classes

Funding Sources

- State Department of Education
- Title I
- Comprehensive School Reform Act funding
- Turrell Fund
- Vermont Council for Humanities
- IEP Medicaid funding
- Department of Health and Human Services
- Tuition

History

- Started in 1994 due to high vandalism and poor school attendance
- Program had focus groups with all local agencies that were willing to provide family services
- Started with an after school enrichment program then developed family center

Program Evaluation

- Evaluated by the Harvard program for funding purposes
- Currently working with the University of Vermont to conduct a longitudinal study of the early childhood program

Contact:

Mary Carolyn France, Pre-Kindergarten Program
800 E. City Hall Ave.
Norfolk, VA 23510
(757) 441-2881

Population Served:

Urban community
70% African American, 20% White, 7% multi-ethnic, 2% Hispanic
49% free or reduced lunch
Early childhood Population: 1616

Program Configuration: 33 Sites

Services Offered

- Wrap-around childcare (3-5 year olds)
- Preschool/Early Childhood Education (3-5 year olds)
- Parenting classes
- Adult Education classes
- 1 registered nurse and medical staff provide on-site immunizations, well child visits, vision, hearing, and dental screenings
- Referrals for health needs
- On-site school counselor
- Parent liaisons provide assistance with social services

Partners

- Virginia State Preschool Initiative
- YMCA and Boys and Girls Clubs (after school childcare)
- City Department of Health Services
- School Board

Role of School/District

- Provides staff, including parent liaisons, and counselors
- Provides space, maintenance, telephones and mailing services

Parental Involvement

- Participate in workshops
- Volunteer
- Serve on Advisory Boards

Funding Sources

- Title 1
- Title 6
- Virginia State Preschool Initiative
- In-kind donations: Virginia State Preschool Initiative matching funds from District
- School district

History

- Started as a summer program in 1974
- Became year-long program in 1975
- Has grown from 6 to 101 classes since 1975
- School Board provided significant support

Program Evaluation

- Conduct self reviews, student achievement, and parent evaluations annually
- Won Chapter I Exemplary Program Award in 1994
- Bowling Park Elementary school nationally recognized by Charter I Exemplary Program in 1995

Contact:

Wendy Bahr, Director of Early Childhood Services
P.O. Box 04188
809 W. Greenfield Ave.
Milwaukee, WI 53204
(414) 647-5980

Population Served:

Urban community
83% Hispanic, 14% African American,
1% Native American/Other
99% free or reduced lunch
Early Childhood Population: 200

Program Configuration: 2 sites

Services Offered

- Full-day and part-day childcare (4 weeks-12 years old)
- Preschool/Early Childhood Education (4 weeks -5 years old)
- Parenting classes
- Parent nurturing classes
- Mommy and me classes
- Play groups
- Adult Education: ESL
- On-site immunizations, vision and hearing screenings
- Referrals to Lens Crafters for discounted glasses
- On-site dental check-ups
- 1 Social worker and Parent Advocate for home visits and behavior management
- Referrals for social services
- Referrals to satellite homes for parents recovering from addictions
- Referrals to respite care for severely ill children

Partners

- Head Start
- Allanfield School - Milwaukee Public Schools (MPS)
- Marquette University (Dental)
- Lens Crafters
- Other Childcare Initiatives

Role of School/District

- Provides funding for 130 children

Parental Involvement

- Encouraged to participate in program
- Some are staff at the school
- Serve on Advisory Board

Funding Sources

- State of Wisconsin Childcare Funds
- Milwaukee Public Schools
- Quality/Staff Retention Grants
- Center's of Excellence Grant
- USDA
- Head Start
- 4C's – Coordinated Community Childcare
- LaCausa import/export business
- Tuition

History

- Started as a small cooperative of mothers with 17 preschool aged children in 1972
- In the last 5 years has grown from 94 to 389 children in 2 sites

Program Evaluation

- Evaluated annually by High/Scope infant toddler program
- Parents evaluate program annually
- National Association of Educating Young Children (NAEYC) evaluation

Glossary

Adult Education

Adult education programs, both state and federal, provide life-long educational, skill building and job training opportunities for adults. Curricula may include parenting, basic education, high school diploma/GED, English as a second language (ESL), citizenship preparation, job training, and family health promotion, among other topics.

One major example of the federally funded adult education is the Adult Education and Family Literacy Act of 1998 designed to eliminate the problem of illiteracy by the year 2000. The program provides funds to supplement adult basic skills, high school completion programs and activities that enable adults to become more employable, productive, and responsible citizens.

Child Care

Childcare programs are designed to supervise children so that parents can work or attend school. Child care services can take several different forms including care in the child's own home by a relative or other caregiver, care in someone else's home by a relative, care by a regulated or an unregulated family child care provider, and care in a child care center. Comprehensive childcare programs can offer health and other social services to families or can be partnered with other child and family service programs. Although federally funded programs, such as Head Start, must meet defined standards, state run programs have highly variable criteria and informal care arrangements are not regulated at all.

Early Childhood Education

Early childhood education provides educational experiences intended to foster children's cognitive and social development. Head Start is the nation's largest and best-known early childhood education program, but a variety of other effective programs exist as well, including the Perry Preschool Program and the Carolina Abecedarian Project. The state preschool program is another form of early childhood education provided to children the year before Kindergarten.

Existing research suggests that early childhood programs can have a variety of benefits for children, especially those with special needs. These benefits include higher initial IQs, higher academic achievement, higher retention rates in school, lower special education placement in school, higher graduation rates, and lower delinquency rates.

Early Head Start

Early Head Start is a federally funded community-based program for low-income families with infants and toddlers and for pregnant women. It was developed in 1994 to expand Head Start's limited services to infants and toddlers, using Parent and Child Centers, Comprehensive Child Development Centers, and Migrant Head Start programs as the platform. The goals of Early Head Start are to: 1) promote healthy prenatal outcomes for pregnant women; 2) enhance the development of very young children; and 3) promote healthy family functioning.

Even Start

The Even Start Family Literacy Program is a federally funded project designed to break the cycle of poverty and illiteracy by improving the educational opportunities of low-income families. Even Start utilizes the family literacy model for intergenerational learning due to the recognition that parents are a child's first teacher and that the literacy of the parent is crucial to that of the child.

Even Start uses four components to achieve these goals: 1) Early childhood and/or school-age educational assistance; 2) Adult basic-skills education; 3) Parents and Children Together (PACT) - a program teaching parents to extend their children's learning through staff-supervised play time; 4) Parent time - parent support and education. Even Start was initially implemented as a federally administered program, but since 1992, it has been primarily administered by states. States award sub-grants to partnerships consisting of at least one local education agency (LEA); and at least one community-based organization, institution of higher education, or other public or private non-profit agency.

Family Resource Centers

Family Resource Centers (FRC's) improve the integration and coordination of services for children and their families by providing a platform for the delivery of multiple services. Family resource centers can be "stand-alone" centers or can be housed in schools, hospitals or community centers, among other locations. FRC's vary widely in philosophy, mission, size, location, and array of services. However, they do share a number of common attributes including a community focus, a high degree of collaboration, active inclusion of multiple constituencies, and a comprehensive view of children's needs in the context of family and neighborhood. Services provided on-site can include health services, social services, childcare, parent education, and referrals to other services.

Head Start

Head Start is a national program that provides comprehensive developmental services for low-income children 3 to 5 years old. Head Start is a direct federal program administered by over 1,400 locally based public or private organizations including schools, childcare centers

and community centers. At the national level, Head Start is administered by the Head Start Bureau within the Administration on Children, Youth and Families (ACYF), a division of the Administration for Children and Families (ACF) of the Department of Health and Human Services (DHHS).

Healthy Start Initiative, CA

In 1991, California passed its first statewide initiative for locally-driven, broad-based, school-linked collaboratives, known as the Healthy Start Support Services for Children Act (Senate Bill 620). Administered by the State Department of Education, the Healthy Start Initiative is intended to allow localities to plan or implement a complete set of programs and services that include mental, social and educational support services at or near schools. Each year, the Superintendent of Public Instruction awards schools and their collaborative partners or local educational agencies (LEA's) either a planning or operational grant. Planning grants are for up to \$50,000 for a period of 1-2 years and operational grants are for up to \$400,000 for a period of 3-5 years.

Home Instruction Program for Preschool Youngsters (HIPPY)

HIPPY is a home-based early intervention program that helps parents provide educational enrichment for their preschool children. The program stresses the vital role that parents play in their children's early education and is designed specifically for those parents who may not feel confident enough in their own abilities to teach their children what they consider "school knowledge". The HIPPY curriculum, available in both Spanish and English, is designed for 3, 4, and 5 year-old children and contains 30 weeks of activity packets, nine storybooks, and 16 manipulative shapes for each of the three years. The daily activities are written in a structured format similar to a well-designed lesson plan for a novice teacher. The material is easy for the parents to follow and is designed to elicit regular feedback from the children so that the parents can observe their children learning.

Home Visiting Programs

For at least 100 years, home visiting has been used as a service delivery strategy to improve the health and well-being of families. While home visiting programs vary widely from one to another, in populations served as well as types of services provided, they commonly target high-risk pregnant women, low-income families, infants, and children with special health care needs. Depending on the goals and purposes of the program, families may have contact with just one or an entire team of providers consisting of nurses, social workers, educators, counselors, therapists and/or trained laypersons. Examples of services historically provided through home visiting include: 1) parent education, training, and counseling; 2) employment training, educational tutoring and counseling; 3) prenatal and postnatal care and health education; 4) therapy (occupational, physical and speech/language); 5) child development; and 6) psychological services.

Individuals with Disabilities Education Act (IDEA)

A federal law passed in 1975, IDEA guarantees students between the ages of 3 and 21 with disabilities the right to free and appropriate public education designed to meet their individual needs. It also offers protections for the rights of students with disabilities and their parents. Under the provisions of IDEA, children with disabilities may receive special education services when they meet the eligibility criteria for one or more of the following disabilities: 1) Mental Impairment; 2) Blindness/Visual Impairment; 3) Deafness/Hearing Impairment; 4) Specific Learning Disability; 5) Serious Emotional Disturbance; 6) Autism; 7) Speech or Language Impairment; 8) Orthopedic Impairment; 9) Multiple Disabilities; 10) Other Health Impairment; 11) Deaf/Blindness; 12) Traumatic Brain Injury (TBI). According to the Act, students with disabilities are to be educated as much as possible with students who have no disabilities. Related and other supportive services are to be provided as needed in order to assist a student with a disability. In 1997, Congress enacted and President Clinton signed into law Amendments that reauthorized the IDEA and included a rigorous national agenda pertaining to more and better services for children with special needs and their families. Part C of the Act created a federal program to assist states with developing comprehensive, coordinated, multi-disciplinary, interagency programs for children birth to three years with disabilities. In addition, the federal government created enhanced incentives so that all states will provide a free and appropriate public education (FAPE) to all eligible three to five year old children with disabilities.

Migrant Even Start

Migrant Even Start is a federally administered program of the Department of Education, within the Office of Elementary and Secondary Education. The objective of Migrant Even Start is to improve the educational opportunities of migrant families through family literacy programs that integrate early childhood education, adult literacy or adult basic education, and parenting education. Grants are awarded for activities such as recruitment and screening of children and parents, design of programs, instruction for children and parents, staff training, support services, evaluation, and coordination with other programs.

Migrant Head Start

Migrant Head Start provides Head Start services specifically for migrant farm-workers.

Parents as Teachers (PAT)

Parents as Teachers is an internationally recognized home visitor program developed by the PAT National Center, Inc., in St. Louis, Missouri. Parents as Teachers provides parenting information and support to families with children from birth to three years of age. (Some affiliated programs provide services to families with children to the age of five.) The purpose of the Parents as Teachers programs is to enhance parents' ability to nurture and teach their children. Certified parent educators conduct regularly scheduled, personal visits to give families information about child development and ways to encourage learning in

early years. The content of the visits is structured to correspond to the child's age and developmental stage. The focus of the home visit is to enhance the development of: 1) Expressive and receptive language skills; 2) Cognitive ability; 3) Social skills; and 4) Gross and fine motor skills.

Proposition 10

In 1998 voters passed Prop 10, the Child and Family First Act, an initiative that supports young children's (birth to 5 years old) healthy development and fosters school readiness. Prop 10 funds are generated from tobacco tax revenues. The tax revenues are allocated to Proposition 10 commissions in each of California's 58 counties. Funds are provided to the local Prop 10 commissions in a highly flexible manner that allows for a variety of innovative uses driven by local need. In addition to their strategic planning and policy making functions, Prop 10 commissions can play a convening and facilitating role in local communities, serving as part foundation, part community trust and part venture capital firm. These commissions are also accountable to the communities and California voters for the implementation of effective and appropriate early childhood service programs, with results based accountability built into the basic operation of all Prop 10 funding allocations.

Respite Care

Respite care provides parents with short-term relief from their parenting responsibilities and is particularly useful for parents with special needs children who have difficulty locating or paying for regular child care arrangements or babysitters for their children. Respite care may take various forms and be tailored to the individual needs of children and families, but is generally available with little or no advance notice. Caregivers are usually licensed childcare providers, trained professionals or foster parents who care for children in the family home or another setting.

State Preschool

State preschool programs are state funded preschool programs administered through school districts, colleges, community action agencies, and private non-profit agencies. In California, The Child Development Division, part of the California Department of Education, oversees the distribution of funds for state preschool programs. In order for families to qualify they must meet income guidelines set by the state. State preschool programs provide pre-kindergarten children three to five years of age from low-income or disadvantaged families with comprehensive developmental services. These programs are designed to contribute to a child's social, emotional and cognitive development to enhance their school readiness. In general, services provided include age and developmentally appropriate activities for children, parenting education and parent involvement, and health and social services. Agencies such as school districts, county offices of education, public and private non-profit agencies, private for-profit agencies and tribal councils are usually eligible to apply for state preschool funds.

Title I

Title I is a program that falls under the Elementary and Secondary Education Act (ESEA). ESEA was originally passed by Congress in 1965 to authorize programs to benefit educationally needy elementary and secondary students living in areas with high concentrations of children from low-income families. ESEA is the largest and most comprehensive K-12 federal education law. Title 1, which is one of 40 programs under ESEA, provides funds to state education agencies and schools to improve the academic performance of children who are failing or at risk of failing. Schools with at least a 50 percent poverty rate can use Title I funds in addition to their other federal, state, and local funding to upgrade the school's overall instructional program. Schools with less than a 50 percent poverty rate can also participate by creating targeted assistance programs for select children deemed most in need of Title I funds.

WIC (Special Supplemental Nutrition Program for Women, Infants and Children)

WIC is a federal program that provides grants to pay for supplemental food, nutrition education and health care referrals. Pregnant, breastfeeding and postpartum women, infants and children up to 5 years of age are eligible to receive these services if they meet the following criteria: 1) a professional determines that there is a need for supplemental foods due to nutritional risk; and 2) they meet an income standard, or have certain family members that receive benefits under the Food Stamp, Medicaid or Temporary Assistance for Needy Families Program. Grants are provided to state health department or comparable agencies that in turn distribute the funds to participating local, public, private, or nonprofit health/welfare agencies.

Wrap-around Services

Wrap-around day-care services are typically defined as care provided before and/or after regular operating hours so that families have access to full-day, five-day-a-week, year-round care.

Bibliography

Adelman HS and Taylor L (1999) *Addressing barriers to student learning: Systemic changes at all levels*. Theme issues. Reading and Writing Quarterly. 15(4):251-254.

American Academy of Pediatrics. (1995) *The inappropriate use of school "readiness" tests*. Pediatrics, 95, 437-8.

Brooks-Gunn, J, Berlin LJ, Fuligni AS. (2000) *Early Childhood Intervention Programs: What About the Family?* In Handbook of Early Childhood Intervention. JP Shonkoff and SJ Meisels (eds.) New York: Cambridge University Press.

Cauthen NK, Knitzer J, Ripple CH (2000) *Map and Track. State Initiatives for Young Children and Families*. 2000 Edition. New York: National Center for Children in Poverty.

Currie, J (2000) *Early Childhood Education: What Do We Know?* University of California Los Angeles and The National Brookings Roundtable on Children.

Cunningham AE and Stanovich KE (1997). *Early Reading Acquisition and Its Relation to Reading Experience and Ability 10 Years Later*. Developmental Psychology 33,6,934-945.

Dryfoos, JG (1994) *Full-Service Schools*. San Francisco: Jossey-Bass Inc.

Entwisle, D. (1995) *The Role of Schools in Sustaining Early Childhood Program Benefits*, The Future of Children – The David and Lucille Packard Foundation, Los Altos, CA.
[Available: www.futureofchildren.org].

Financing Services for Young Children and Their Families: New Directions for Research Development and Demonstration (1998) The Finance Project, Washington D.C.

Finn-Stevenson M, Desimone L, & Chung AM, (1998) *Linking Child Care and Support Services with the School: Pilot Evaluation of the School of the 21st Century*, The Yale University Bush Center in Child Development and Social Policy [1999, 12-16-99].
[Available: <http://www.yale.edu/bushcenter/21C/resource/read/eval.html>].

Gardner, SL (1992) *Key Issues in Developing School-Linked, Integrated Services*. The Future of Children. The David and Lucille Packard Foundation, Los Altos, CA.

Getting a good start in school. (1997) Washington, D.C.: National Education Goals Panel.

Halfon, NH (in press) *Schools, Counties and Proposition 10: A New Partnership for Early Childhood Supports in California, Financing Considerations*. UCLA Center for Healthier Children, Families and Communities.

- Halfon N, Gonzalez R, Hochstein M. (1999) *Building Bridges for California's Young Children: A 12-Point Agenda to Enhance Proposition 10*. Berkeley, CA: California Policy Research Center. Los Angeles, CA: Center for Healthier Children, Families and Communities.
- Halpern, R (2000) "Early Intervention for Low-Income Children and Families" in *Handbook of Early Childhood Intervention*, Shonkoff JP & Meisels SJ (eds.), New York, NY: Cambridge Press.
- Hayes, C (2000) *Financing Early Childhood Initiatives: Making the Most of Proposition 10*, in N Halfon, E Shulman, M Shannon and M Hochstein (eds.), *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities.
- Hayes, C, Lipoff, E, Danegger, A (1995) *Compendium of Comprehensive Community-based Initiatives: A Look at Cost, Benefits, and Financing Strategies*. Washington, DC: The Finance Project.
- Hinkle, D (2000) *School Involvement in Early Childhood*. U.S. Department of Education, Office of Educational Research and Improvement, National Institute on Early Childhood Development and Education, Washington, DC.
- Hurd, TL, Lerner RM & Barton CE (1999) *Integrated Services: Expanding Partnerships to Meet the Needs of Today's Children and Families*. *Young Children*, March, 4(2), 74-80.
- Illig, CD (1998) *Birth to Kindergarten: The Importance of the Early Years. Comprehensive Review of the Literature and a Series of Policy Options for Early Childhood Interventions*. California Research Bureau, California State Library, Sacramento, CA.
- Integrating Community Services for Young Children and Their Families*. NCREL's Policy Briefs: North Central Regional Educational Library. Report 3, 1993 [Available: <http://www.ncrel.org/sdrs/pbriefs/93/93-3toc.htm>]
- Kagan, SL & Neuman MJ (2000) "Early Care and Education: Current Issues and Future Strategies," in *Handbook of Early Childhood Intervention*, JP Shonkoff, & SJ Meisels (eds.) New York, NY: Cambridge Press.
- Kagan, SL & Neuman MJ (2000) *Early Care and Education: What We Know and Don't Know about the Costs and Benefits of Early Childhood Interventions*. Santa Monica, CA: RAND.
- Karoly, LA, Greenwood PW, Everingham SS, Hoube J, Kilburn MR, Rydell CP, Sanders M & Chiesa J (1998) *Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*. Santa Monica, CA: RAND.
- McCain MN and Mustard JF (1999) *The Early Years Report. Reversing the Real Brain Drain*. Toronto, ON: Ontario Children's Secretariat.

Meisels, S. (1998) *Assessing readiness*. CIERA Report #3-002. On-line@ www.ciera.org/ciera/publications/.

National Association for the Education of Young Children. (1990) NAEYC position statement on school readiness. *Children*, 46, 21-3.

Ochschorn, S, *Partnering For Success: Community Approaches to Early Learning*. Child Care Action Campaign, New York, NY.

Phillips M, J Crouse, and J Ralph (1998) "Does the Black-White Test Score Gap Widen After Children Enter School?" In C Jencks and M Phillips (eds.) *The Black-White Test Score Gap* (pp. 229-72). Washington, DC: Brookings Institution Press.

Prekindergarten Learning & Development Guidelines (2000) Developed by the Health and Education Communication Consultants for the California Department of Education, CDE Press, Sacramento, CA.

Powers C and Hertzman C (1997) *Social and biological pathways linking early life and adult disease*. *British Medical Bulletin*, 53 (1): 210-21.

Reynolds, AJ, Temple, JA, Robertson, DL, Mann EA. (2001) *Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest: A 15-Year Follow-up of Low-Income Children in Public Schools*. *JAMA* 285(18): 2339-2346.

School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children. (August 2000) Child Trends Research Brief. Washington, DC: Child Trends.

Shepard, L. (1997) *Children not ready to learn? The invalidity of school readiness testing*. *Psychology in the Schools*, 34, 85-97.

Shonkoff, JP & DA Phillips, DA (Eds.) (2000) *From Neurons to Neighborhoods: The science of early childhood development*. National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

Starting Points: Meeting the Needs of Our Youngest Children (1994). The Report of the Carnegie Task Force on Meeting the Needs of Young Children. Carnegie Corporation of New York, New York, NY.

Stipek DJ and Ryan RH (1997) *Economically Disadvantaged Preschoolers: Ready to Learn but Further to Go*. *Developmental Psychology* 33,4, 711-723.

Stoney, L (October, 1998) *Looking Into New Mirrors: Lessons for Early Childhood Finance and System-Building*, Horizons Initiative. [Available: www.earlychildhoodfinance.org/pdf].

The School of the 21st Century (1998). Yale Bush Center in Child Development and Social Policy. [Available: <http://www.yale.edu/bushcenter/21C/>].

Related Publications

- Borden, L and Perkins, D (1999) "Assessing Your Collaboration: A Self Evaluation Tool". *Journal of Extension*, April, 37 (2). [Available: <http://www.joe.org/joe/1999april/tt1.html>]
- Cavanaugh DA, Lippitt, J, Moyo, O (2000) "Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School" in *Off to A Good Start: Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*. The Child Mental Health Foundations and Agencies Network. [Available: www.nimh.nih.gov/childhp/fdnconsb.htm]
- Gottlieb, HN et al., (1999) "Partnerships For Comprehensive School Health Among Colleges/Universities, State-Level Organizations, and Local School Districts." *Journal of Social Health*, 69 (8).
- Hand, A and Nourot P (2000) *First Class: A Guide for Early Primary Education, Child Development Division/ Elementary Education Division*. California Department of Education, CDE Press.
- Honig, M and Fiore, K and Kidpower. *Working with Young People as Partners: A Guide for School-Linked Service Sites*. Published by the California Healthy Start Field Office, UC Davis, for the CDE.
- Huffman, L, Mehlinger, BS, Kerivan, A (2000) "Research on the Risk factors for Early School Problems," in *Off to A Good Start: Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*. The Child Mental Health Foundations and Agencies Network. [Available: www.nimh.nih.gov/childhp/fdnconsb.htm]

Early Childhood Education Resource Websites

California Department of Education

<http://www.cde.ca.gov/>

Carnegie Corporation of New York, Starting Points Program

<http://www.carnegie.org/startingpoints/home.htm>

Child Care Action Campaign

www.childcareaction.org/

Early Childhood Education Online

www.ume.maine.edu/~cofed/eceol/welcome.shtml

Education Commission of the States

<http://www.ecs.org/>

ERIC Clearinghouse on Elementary and Early Childhood Education

<http://ericece.org/>

National Institute on Early Childhood Development and Education

<http://www.ed.gov/offices/OERI/ECI/>

Perry Preschool Program

<http://www.highscope.org/research/RESPER.HTM>

The National Association for the Education of Young Children (NAEYC) <http://www.naeyc.org>

The National Governors Association – Children and Families Section

<http://www.nga.org/CBP/Activities/ChildrenNFamilies.asp>

U.S. Department of Education publications web site

<http://www.ed.gov/offices/OERI/ECI/publications.html>

Head Start Fact Sheet - U.S. Department of Health and Human Services/Administration for Children and Families

www.acf.dhhs.gov/programs/opa/facts/headst.htm

Zero to Three Organization

www.zerotothree.org/

Appendix A:

Criteria for Site Selection

Overarching criteria for the set of sites:

- Mix of rural/urban/suburban
- Represent different regions of the country (based on the U.S. Census Department regions)
- Programs are school-based, comprehensive and geared toward early childhood (birth to age 5)
- Site configuration is a mix of individual sites and multiple site programs such as those funded or administrated through school district/county office of education or regional/ statewide programs

Criteria for case study selection:

Comprehensiveness – Offers a variety of programs including but not limited to: child-focused, parent-focused, health, social services, and educational

Rated on a 1 -5 scale

1. One early childhood educational program
2. One early childhood program plus one other service or program
3. One early childhood program plus two other services or programs
4. One early childhood program plus three other services or programs
5. One early childhood program plus at least four other services or programs

Integration – Uses blended funding, shared case-management, shared staff, shared governance and shared space.

Rated on a 1 -5 scale

1. Co-location, no formal interchange
2. Co-location, some shared case management or shared governance
3. Co-location, shared case management and may have shared governance
4. Co-location, shared case management, shared funding (may be through grant funding for staff or programs) and may have shared governance
5. Majority of staff and resources are shared and coordinated, case management is shared, and a collaborative governance structure is in place

Sustainability - length of time in existence, funding sources are on-going (not grant based), 2 -3 partners are providing on-going services and/or funding

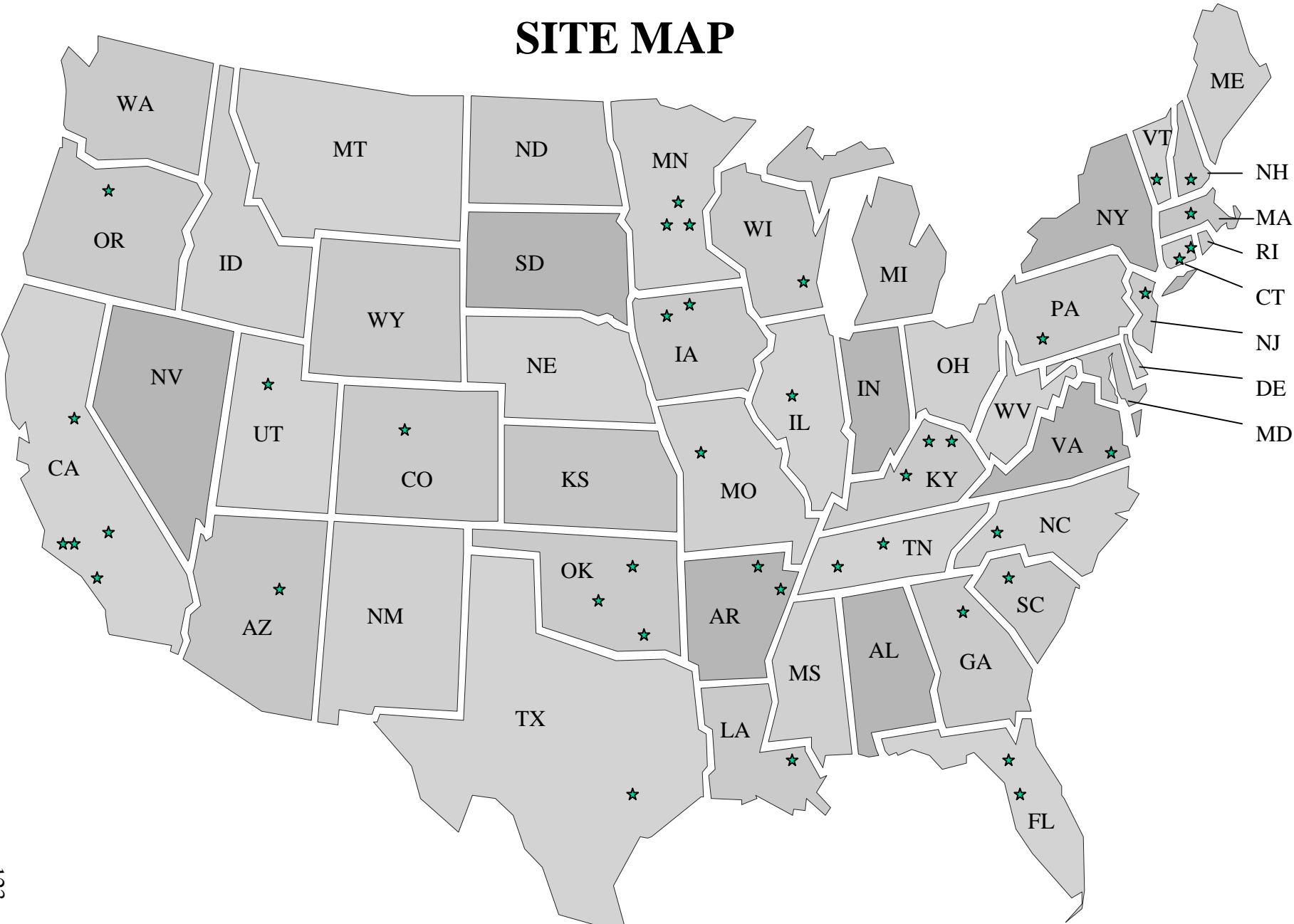
Rated on a 1-3 scale

1. Existing for 2 years and a majority of funding is through short term grants
2. Existing 3 -5 years at least 50% of funding is from an on-going source
3. Existing 3-5 years at least 75% of funding is from an on-going source and list strong partnerships

Appendix B

NAME OF SITE	CITY	STATE	# OF SITES	TYPE	REGION
Little Singer Community School	Winslow	Arizona	Single	Rural	West
Mississippi County Arkansas Economic Opportunity	Blytheville	Arkansas	Multiple	Rural	South
Paragould School of the 21st Century	Paragould	Arkansas	Single	Rural	South
Kern County Child Development Centers	Bakersfield	California	Multiple	Rural	West
Elizabeth Learning Center	Cudahy	California	Single	Urban	West
El Dorado County Child Development Programs	Placerville	California	Multiple	Rural	West
Santa Barbara Early Childhood Healthy Start Project	Santa Barbara	California	Multiple	Suburban	West
Santa Ynez Valley Healthy Start	Santa Ynez	California	Multiple	Rural	West
The Center	Leadville	Colorado	Single	Rural	West
Goodyear Early Childhood Center	Rogers	Connecticut	Single	Rural	Northeast
The Family Resource Center at Charter Oak Academy	West Hartford	Connecticut	Single	Suburban	Northeast
Alachua County School Board Early Intervention Program	Gainesville	Florida	Multiple	Urban	South
Citrus County School Readiness Coalition	Iverness	Florida	Multiple	Rural	South
Programs for Young Children	Athens	Georgia	Multiple	Suburban	South
Valeska Hinton Early Childhood Education Center	Peoria	Illinois	Single	Urban	Midwest
Project Childcare	Manly	Iowa	Single	Rural	Midwest
Spencer Early Childhood and Family Program	Spencer	Iowa	Multiple	Rural	Midwest
Ashland Independent Even Start	Ashland	Kentucky	Single	Urban	South
Boyd County Family Resource Center	Cattlesburg	Kentucky	Multiple	Rural	South
James E. Biggs Center	Covington	Kentucky	Single	Urban	South
Page Hilltop Elementary	Ayer	Massachusetts	Single	Semi-rural	Northeast
Cavanagh Early Childhood Center	Crystal	Minnesota	Multiple	Suburban	Midwest
Mounds View Early Childhood Family Education	New Brighton	Minnesota	Multiple	Suburban	Midwest
Payne- Phalen Family Resource Center	Saint Paul	Minnesota	Single	Urban	Midwest
Independence School District #30	Independence	Missouri	Multiple	Suburban	Midwest
Dame Elementary School	Concord	New Hampshire	Single	Suburban	Northeast
Jersey City Public Schools	Jersey City	New Jersey	Multiple	Urban	Northeast
Chapel - Hill Carrboro City Schools	Chapel Hill	North Carolina	Multiple	Suburban	South
Little Dixie Head Start	Hugo	Oklahoma	Multiple	Rural	South
Big 5 Head Start	Maritta	Oklahoma	Multiple	Rural	South
Community Action Project	Tulsa	Oklahoma	Multiple	Urban	South
Portland Public Schools - Head Start Program	Portland	Oregon	Multiple	Urban	West
Fort Pitt Elementary School	Pittsburgh	Pennsylvania	Multiple	Urban	Northeast
Early Childhood Education - Greenville County	Greenville	South Carolina	Multiple	Mix	South
Anderson Early Childhood and Family Resource Center	Brownsville	Tennessee	Single	Rural	South
Caldwell Early Childhood Center	Nashville	Tennessee	Single	Urban	South
Community Action Inc.	San Marcos	Texas	Multiple	Rural	South
Family Enrichment Center	Kaysville	Utah	Multiple	Suburban	West
Molly Starks Family Center	Bennington	Vermont	Single	Rural	Northeast
Norfolk Public School District	Norfolk	Virginia	Multiple	Urban	South
LaCausa Education and Care Centers	Milwaukee	Wisconsin	Single	Urban	Midwest

SITE MAP



Figures

Figure 1: Fragmented Nature of Current Service System for Children Birth to Five and their Families - Programs influencing Early Brain Development, Physical and Social Development, and School Readiness

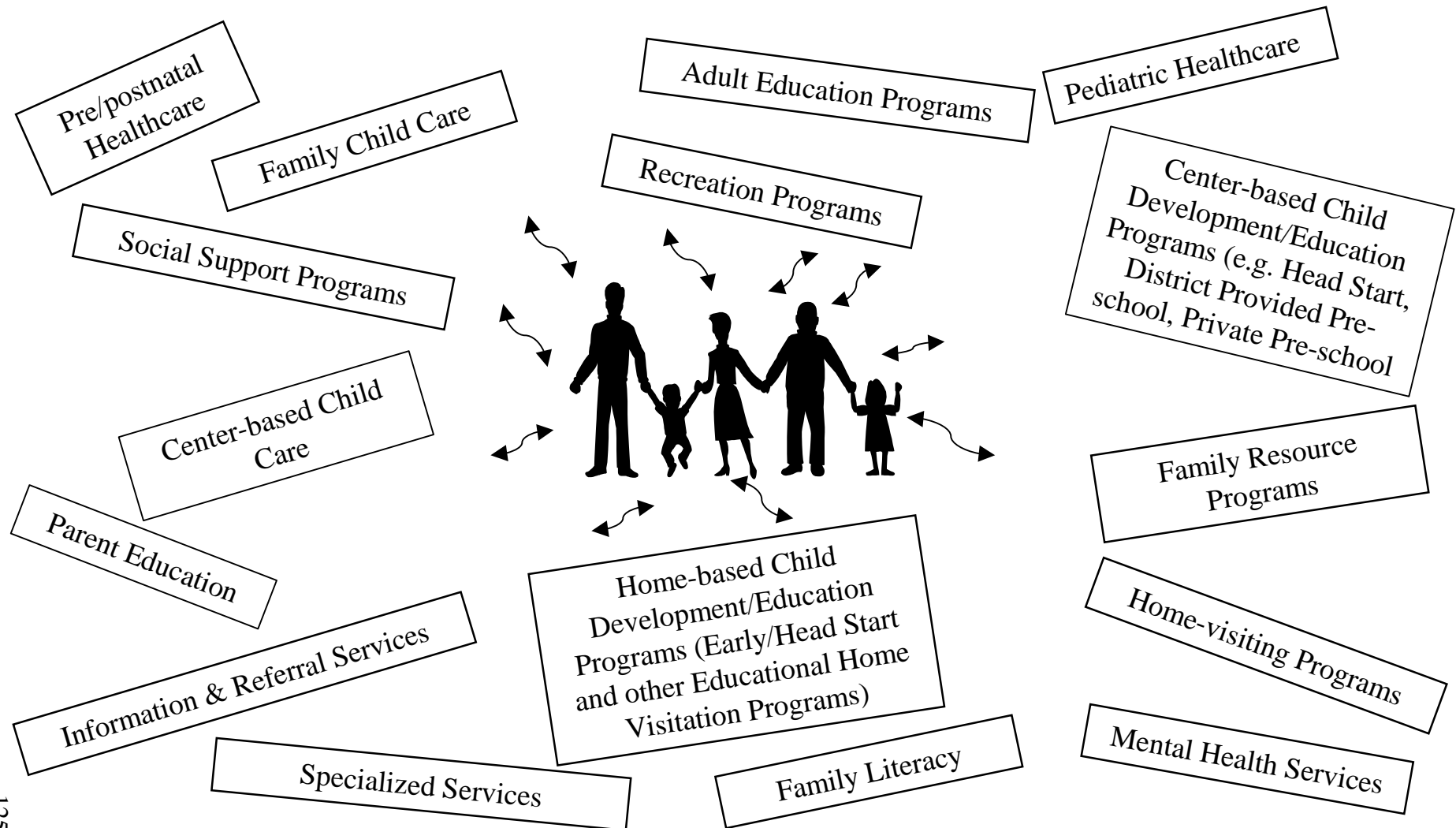


Figure 2: Integrated Service System for Children Birth to Five and their Families - Intermediate Level with School as the Hub

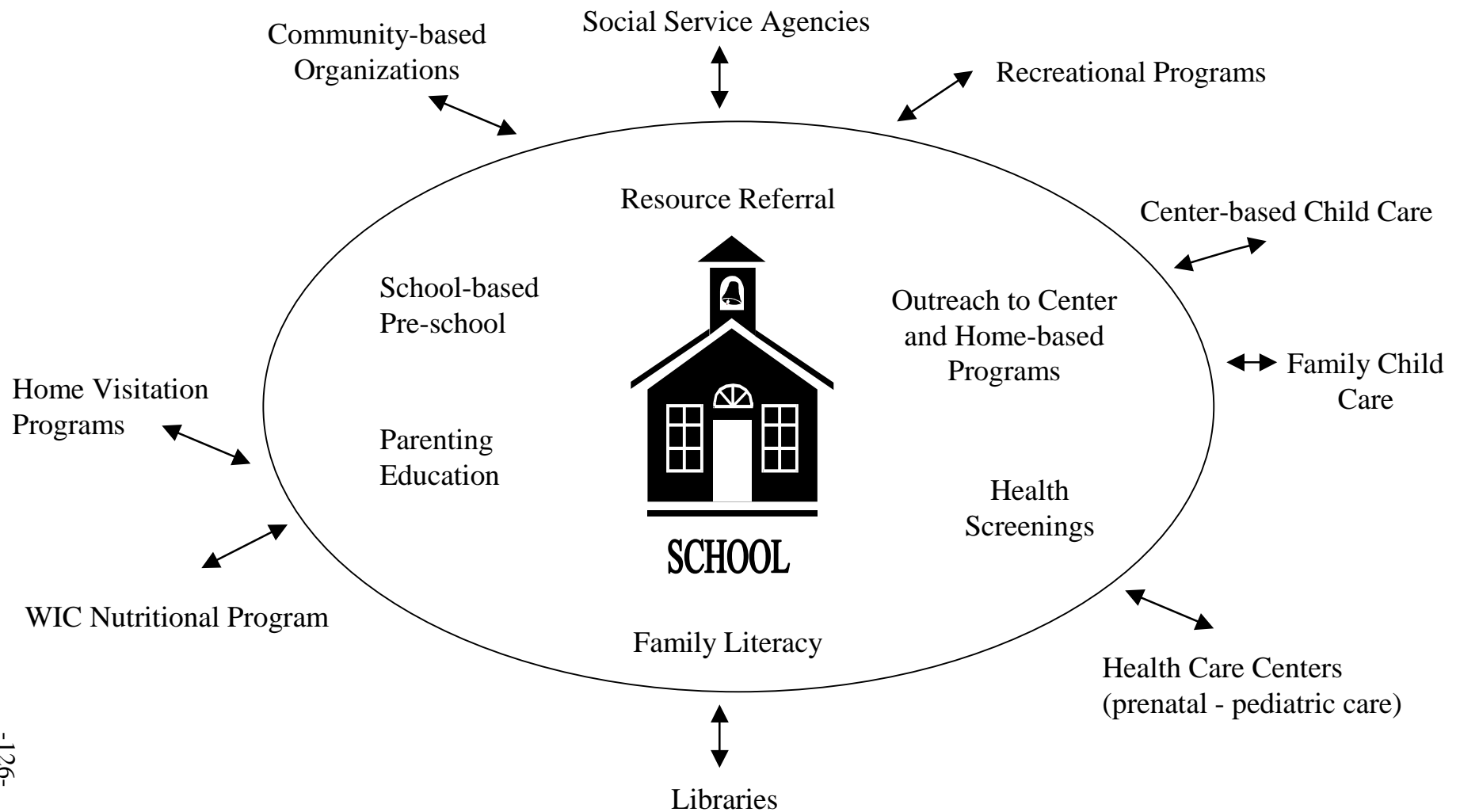


Figure 3: Integrated Service System for Children Birth to Five and their Families - Later Stage of Continuum with School as the Hub

